

Name in Full <b>Margaret V Allee</b>		CERTIFICATE OF DEATH	
Died at <b>Silver Hill</b> <small>Town</small> <b>Prineas</b> <small>County</small> <b>Georgia</b>		MARYLAND	
Date of death <b>1908</b>	<b>10</b> <small>Month</small>	<b>10</b> <small>Day</small>	<b>50</b> <small>Years</small>
		<b>—</b> <small>Months</small>	<b>—</b> <small>Days</small>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>md.</b>	
Occupation <b>Housework</b>		Where Residing if not at place of death <b>—</b>	
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>unknown</b>		
Father's Name <b>James Allee</b>	Father's Birthplace <b>md.</b>		
Mother's Maiden Name <b>Susanna Smith</b>	Mother's Birthplace <b>md.</b>		
Name of person giving information <b>Robert A Allee</b>	How related to deceased <b>Brother</b>		
CAUSES OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Primary <b>Cardiac Asthma</b>	How long <b>3 yrs.</b>	
	Immediate <b>Dropsy</b>	How long <b>6 mo.</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>John E. Gausbury</b>
			Address <b>Forestville, md.</b>
	Accident or Suicide? <b>neither</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

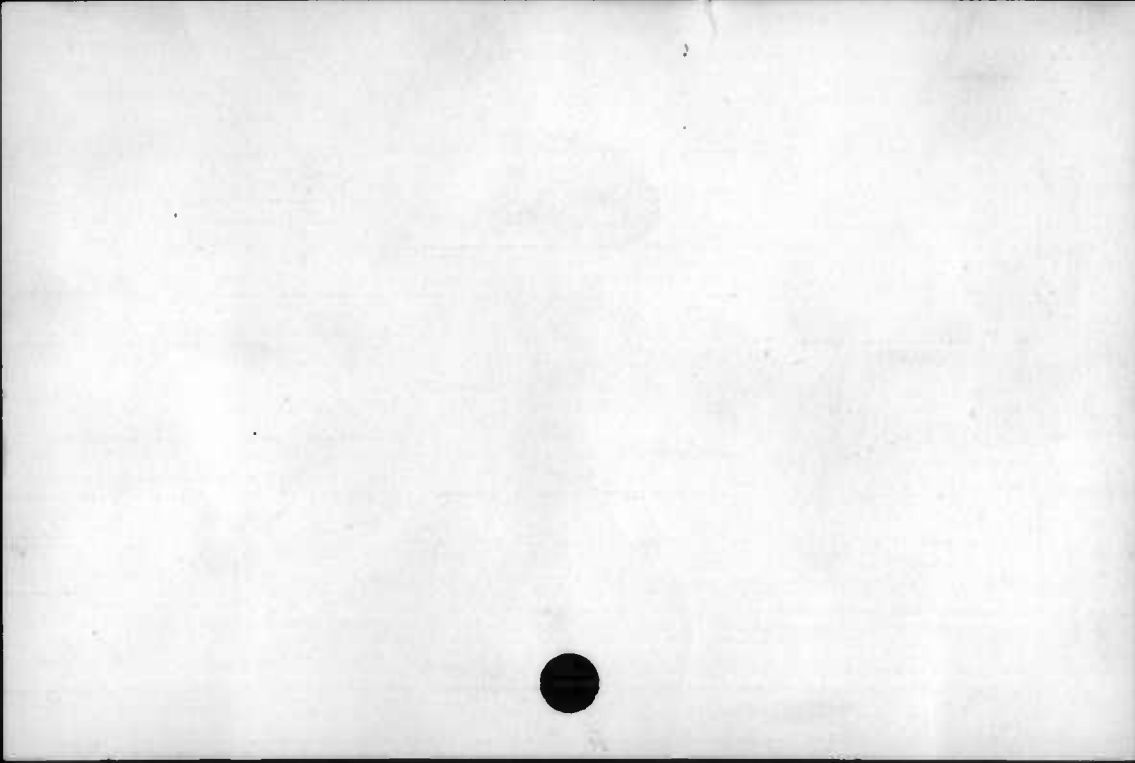
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Katherine Barbara Aman</b>		Town <b>Hyattsville</b>		County <b>Dist. of Col.</b>		MARYLAND					
Died at <b>Hyattsville</b>		Month <b>Oct</b>		Day <b>30</b>		Years <b>74</b>		Months <b>10</b>		Days <b>0</b>	
Date of death <b>1908</b>		Month <b>Oct</b>		Day <b>30</b>		Age <b>74</b>		Months <b>10</b>		Days <b>0</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth- place <b>Germany</b>							
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>✓</b>									
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Joseph Andrew Aman</b>									
Father's Name <b>Henninger</b>		Father's Birthplace <b>Germany</b>									
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>									
Name of person giving In formation <b>Joseph Aman Jr</b>		How related to deceased <b>Son</b>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Endocarditis</b>		How long <b>79</b> <b>4 years</b>	
Immediate <b>Cardiac failure</b>		How long <b>1 mo</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Isaiah B. Batester</b>	
Address <b>Hyattsville</b>		Address <b>Md</b>	
Accident or Suicide? <b>Neither</b>			



Raymond Nelson Asquith

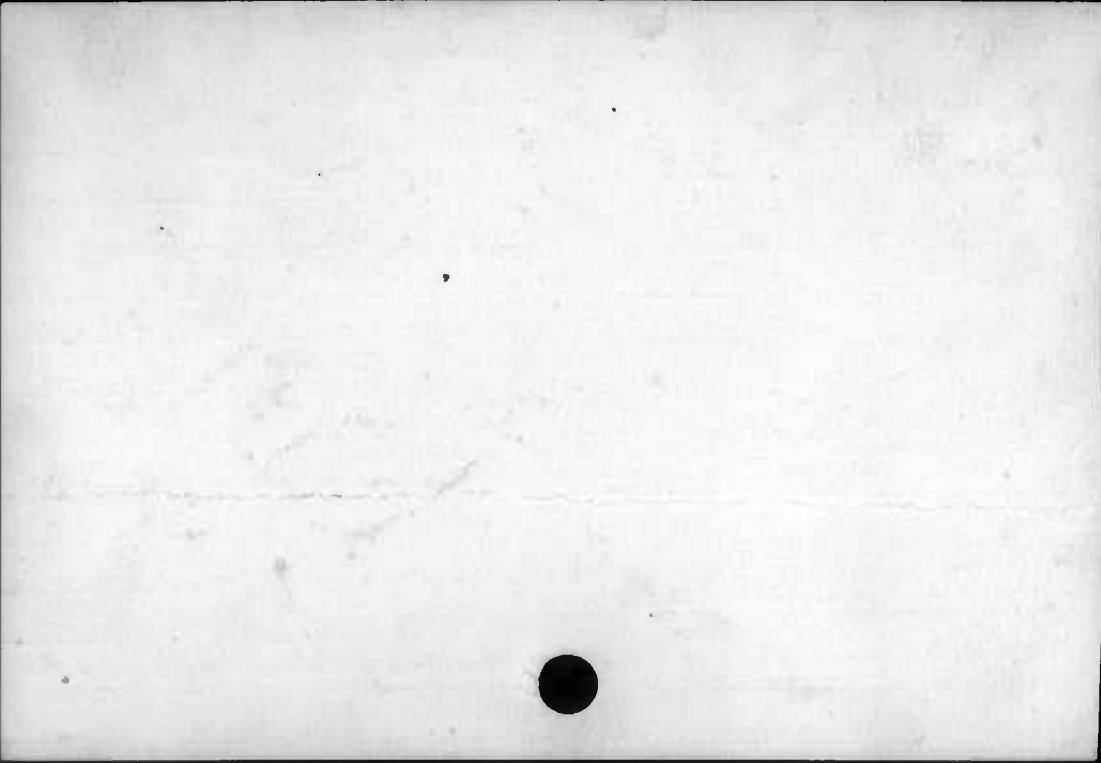
CERTIFICATE OF DEATH

Died at <sup>Town</sup> Maryland Park <sup>County</sup> Prince Georges		MARYLAND	
Date of death	1908	Month	Oct
	Day	25	Age
	Years	4	Months
	Days		
Sex	male	Color or Race	white
Occupation	infant	Birth-place	Maryland
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	Joseph Nelson Asquith	Father's Birthplace	Maryland
Mother's Maiden Name	Ether Elora	Mother's Birthplace	Maryland
Name of person giving information	Ether Asquith	How related to deceased	mother

CAUSES OF DEATH

179

Primary	marasmus	How long	2 mos
Immediate	asthma	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Brady
		Address	Kenilworth N.J.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rosecroft		Pr Geo		MARYLAND				
	Date of death		1908	10	30	Age	—	Months	6	Days	
	Sex		Male		Color		Red		Birth-place		Md
	Occupation		— None		Where Residing if not at place of death		—				
	Married, Single or Widowed		Single		Name of Wife or Husband		—				
	Father's Name		Illegitimate		Father's Birthplace		Md.				
Mother's Maiden Name		Maggie Bingham		Mother's Birthplace		Md.					
Name of person giving information		" "		How related to deceased		Mother					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Marasmus		How long		3 yrs				
	Immediate		Exhaustion		How long		—				
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. P. Simpson M.D.				
	Address		Rosecroft Md.		Accident or Suicide?		—				





Name  
in  
Full

Thomas Henry Bivens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pom Hill		County Pr. Geo		MARYLAND	
Date of death		Month 10	Day 14	Age 69	Months 11	Days 22	
Sex Male		Color or Race White		Birth- place Md			
Occupation Farmer				Where Residing if not at place of death			
Married, <del>Single</del> or Widowed		Name of Wife or Husband Adeline Bivens					
Father's Name Unknown		Father's Birthplace Unknown		Mother's Name Unknown		Mother's Birthplace Unknown	
Name of person giving in formation William Bivens		How related to deceased Son					

## CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary	Gystritis	How long	3-4 yrs
Immediate	Uremia + Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. J. [Signature]	
Address		Rosedale, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

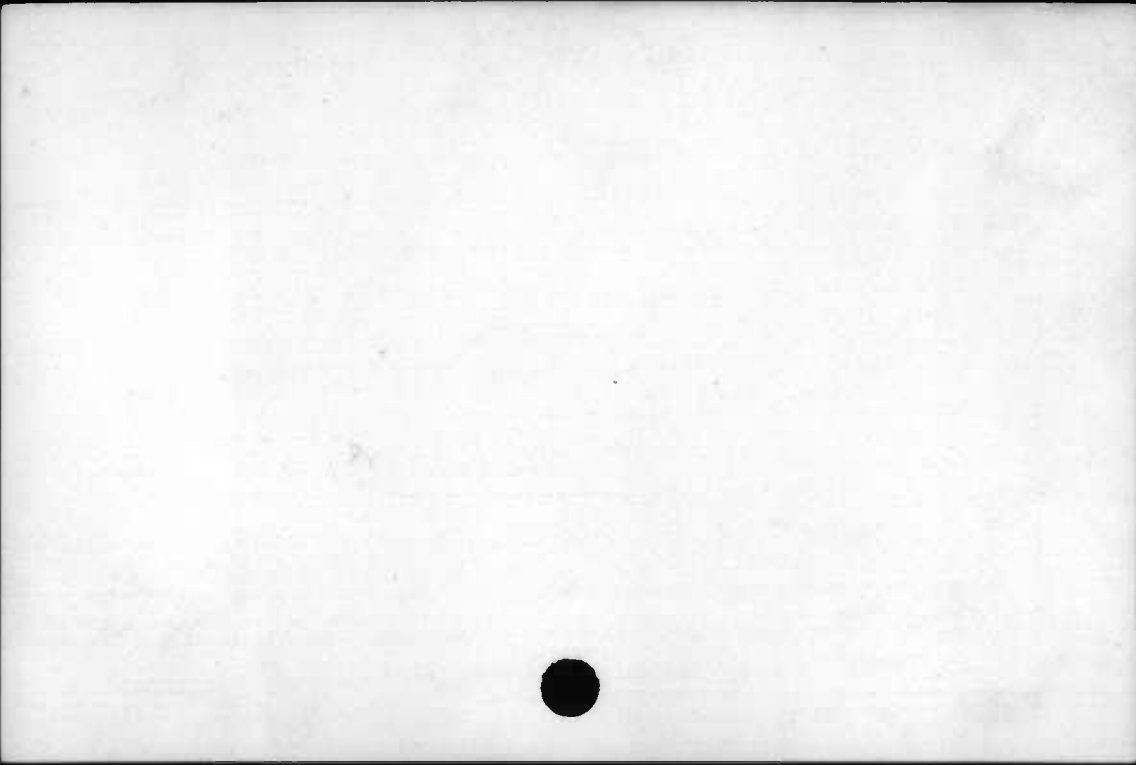
Name in Full <i>James E. Bromwell</i>		Town <i>Mt Rainier</i>		County <i>Pt George</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>4</i>		Years <i>63</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>4</i>		Years <i>63</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Michaels Md</i>		Months <i>4</i>	
Occupation <i>Plater &amp; Sail Maker</i>		Where Residing if not at place of death		Days <i>19</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma M Bromwell</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Wm R. Bromwell</i>		Mother's Maiden Name <i>Margaret A Denny</i>		Name of person giving information <i>Emma M Bromwell</i>		How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<i>Abscess of liver</i>	How long	<i>Several Months</i>
Immediate	<i>Breaking down of walls &amp; involvement of Stomach &amp; surrounding parts</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Birchall Md</i>	
		Address <i>Hyattsville Md</i>	
Accident or Suicide?			



Name  
in  
Full

Francis Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodburn</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>10</i>	Day	<i>24</i>
Age		Years	<i>1</i>	Months	<i>2</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>md.</i>
Occupation			<i>None</i>		
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>—</i>			
Father's Name			Father's Birthplace		
<i>Horace S. Brown</i>			<i>md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Alice Wilson</i>			<i>md</i>		
Name of person giving information			How related to deceased		
<i>Horace S. Brown</i>			<i>Father</i>		

## CAUSES OF DEATH

30

PHYSICIAN  
OR CORONER

Primary	<i>Spinal abscess</i>	How long	<i>1 week</i>
Immediate	<i>Collopye</i>	How long	<i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>[Signature]</i>	
Address		<i>Fordsville</i>	
<i>md</i>		<i>md</i>	
Accident or Suicide?		<i>Neither</i>	



**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

## MARYLAND

Died at <i>Woodmore</i>		Town <i>Prince George</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>—</i>	Months <i>4 months</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Woodmore Md</i>				
<input checked="" type="checkbox"/> Married, Single or <input type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name <i>Isaac Carmiger</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Hamilton</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Clara Hamilton</i>	How related to deceased <i>Grand father</i>				

### CAUSES OF DEATH

105

Primary,	Cholera Infantum	How long	3 days
Immediate		How long	

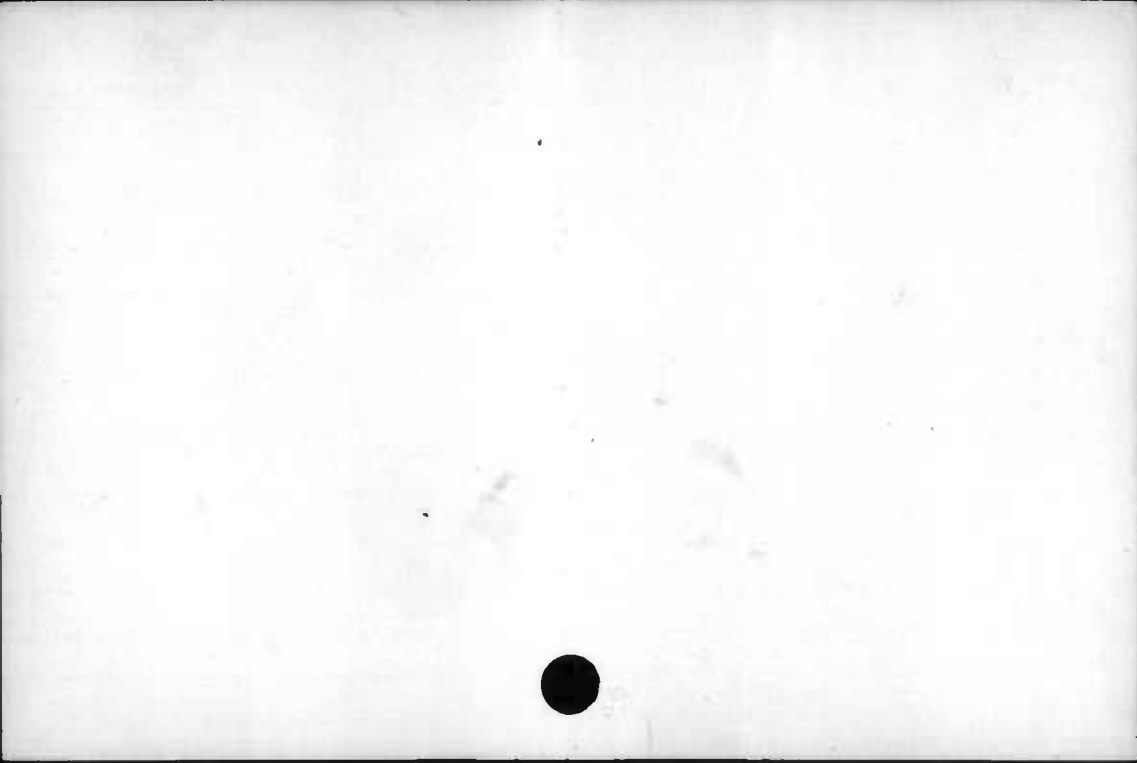
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician \_\_\_\_\_

Address

Made bath from natural

## Accident or Suicide?





Name  
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lanham's Sta, P. Georges</i>		Town <i>P. Georges</i> County		MARYLAND	
Date of death	1908	Month	October	Day	5 <sup>th</sup>
Age	77	Years		Months	4
		Days	19		
Sex	Male	Color or Race	White	Birth-place	Del
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary H Carter		
Father's Name	Gammal Carter	Father's Birthplace	Del		
Mother's Maiden Name	Ann Voshell	Mother's Birthplace	Del		
Name of person giving information	Gammal C. Carter	How related to deceased	Son		

## CAUSES OF DEATH

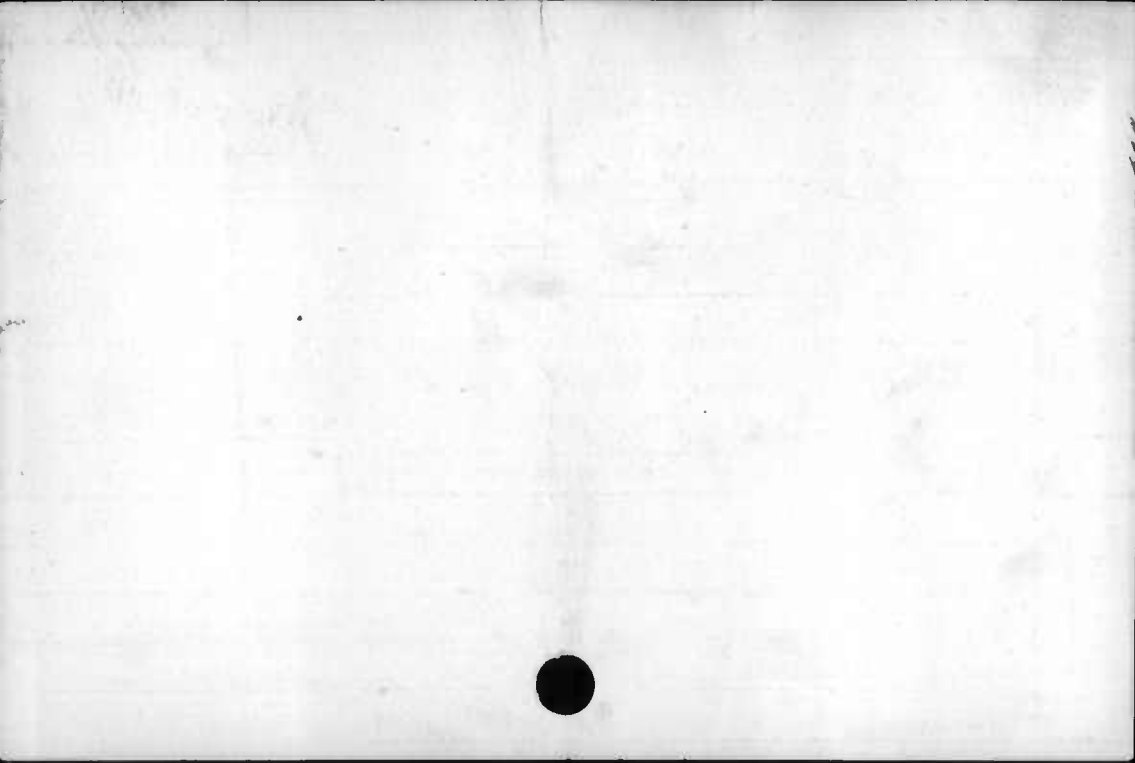
103

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	
Immediate	<i>Apoplexy &amp; immediate paralysis</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Birchall M.D.</i>		
	Address <i>W. G. Althaus</i>		
Accident or Suicide?	<i>See Coroners report on other side</i>		

The within Approved  
D. H. Cress.  
Coroner

Name in Full <b>Marie H. Carter</b>		CERTIFICATE OF DEATH	
Died at <b>Heightsville</b> <sup>Town</sup>		County <b>Prince Geo.</b>	
Date of death <b>1908 Oct. 13</b>		Maryland	
Age <b>3</b> Years		Months <b>15</b> Days	
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Wash D.C.</b>	
Occupation <b>None</b>	Where Residing if not at place of death <b>None</b>		
Married, Single or Widowed <b>-</b>	Name of Wife or Husband <b>-</b>		
Father's Name <b>John H. Carter</b>	Father's Birthplace <b>Pa.</b>		
Mother's Maiden Name <b>Rosa Zell</b>	Mother's Birthplace <b>Ind.</b>		
Name of person giving information <b>Rosa Zell</b>	How related to deceased <b>mother</b>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="position: absolute; right: 0; top: 0;"> <div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">179</div> </div>			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis</b>	How long <b>3 weeks</b>	
	Immediate <b>Tuberculosis</b>	How long <b>3 weeks</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. W. Willis</b>	
	Address <b>Heightsville, Ind.</b>	Address <b>Heightsville, Ind.</b>	
Accident or Suicide? <b>no</b>			



Name  
in  
Full

Maurice Conjorsky

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

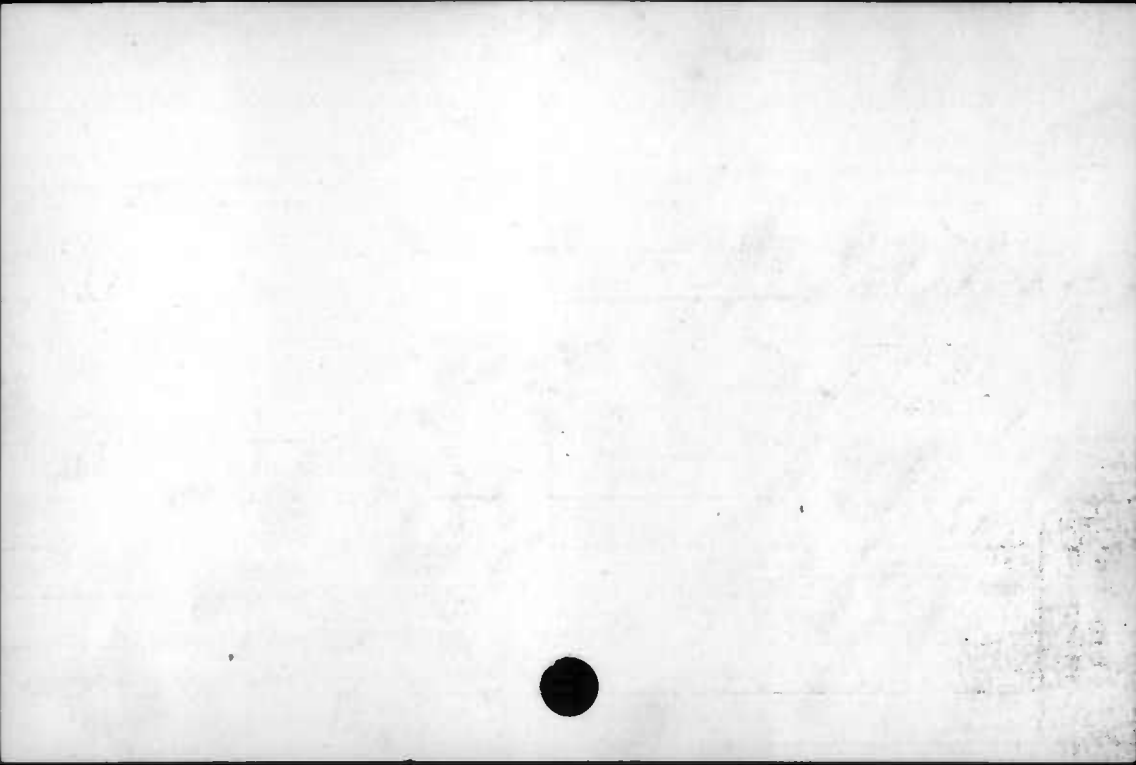
Died at <i>Berwyn</i> Town		<i>Prince Geo.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>31</i>	Age <i>18</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>N. Y.</i>		
Occupation <i>clerk.</i>		Where Residing if not at place of death <i>N. Y.</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Davis Conjorsky</i>	Father's Birthplace <i>Poland</i>				
Mother's Maiden Name <i>Minnie Skubinski</i>	Mother's Birthplace <i>Poland</i>				
Name of person giving information <i>Davis Conjorsky</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Struck by B &amp; O, G. R. Train</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur, Evans</i>
	Address <i>Coroner</i>
Accident or Suicide? <i>Accident</i>	<i>Mattress m-d</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

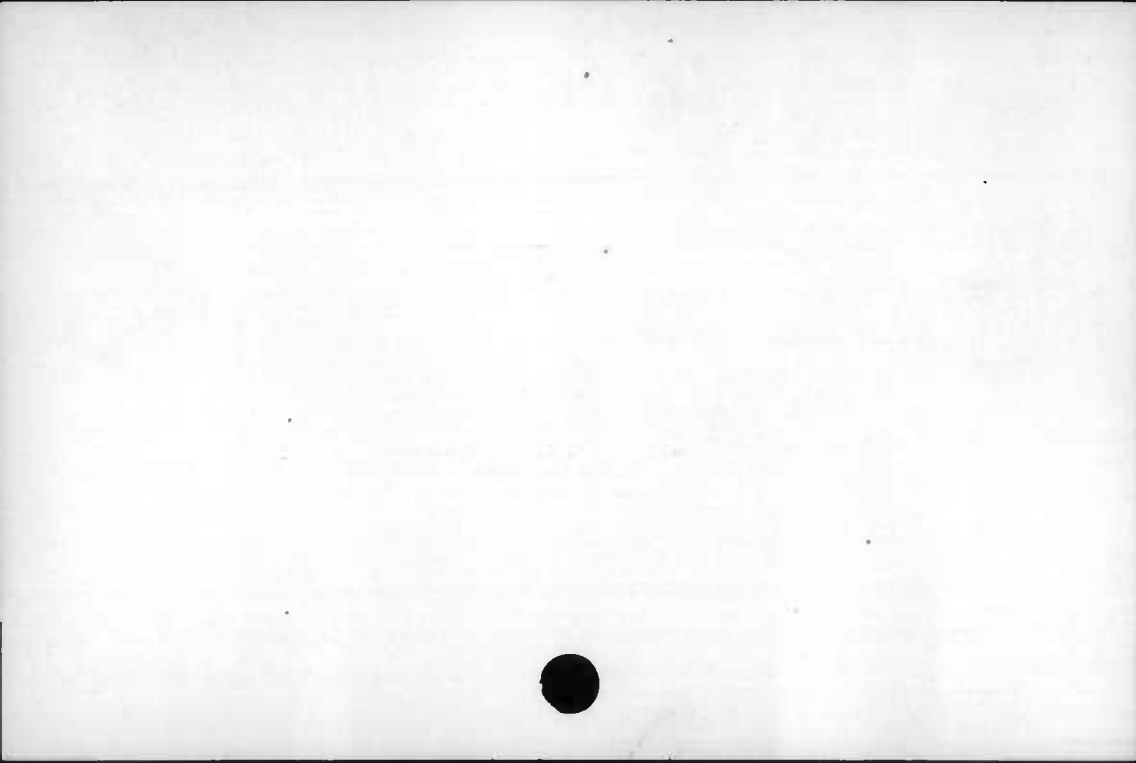
Name in Full <i>Junie Crosby</i>		Town <i>Marlboro</i>		County <i>A. Geo.</i>			
Died at <i>Marlboro</i>		Month <i>Oct</i>		Day <i>28</i>		Years <i>42</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>28</i>		Age <i>42</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A Geo Co Md</i>		Months <i>-</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Milson Crosby</i>					
Father's Name <i>James Jones</i>		Father's Birthplace <i>DC, Md</i>					
Mother's Maiden Name <i>Harren</i>		Mother's Birthplace <i>DC, Md</i>					
Name of person giving information <i>Upton Jones</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

140

PHYSICIAN  
OR CORONER

Primary <i>Child birth -</i>	How long <i>3 days</i>
Immediate <i>Some faint</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. G. P. H. H.</i>
	Address <i>Upper Marlboro, Md</i>
Accident or Suicide?	





Name  
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Full

CERTIFICATE OF DEATH

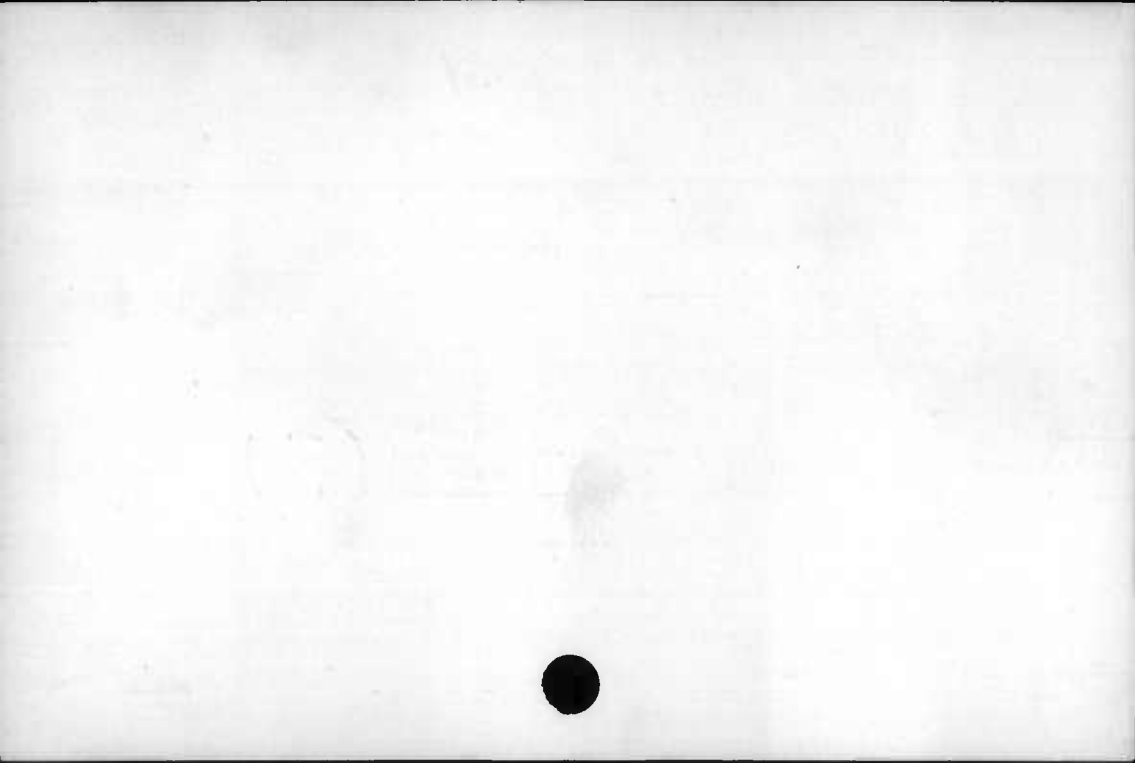
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marlboro</u> Town <u>Still born</u> County <u>Bushy</u>		STATE OF <u>MARYLAND</u>	
Date of death <u>1908</u> Month <u>Oct</u> Day <u>28</u> Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>—</u>	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Marlboro</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single <u>—</u> Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Nelson Crosby</u>	Father's Birthplace <u>P. E. Md</u>		
Mother's Maiden Name <u>Jones</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>L. A. Griffith</u>	How related to deceased <u>None</u>		

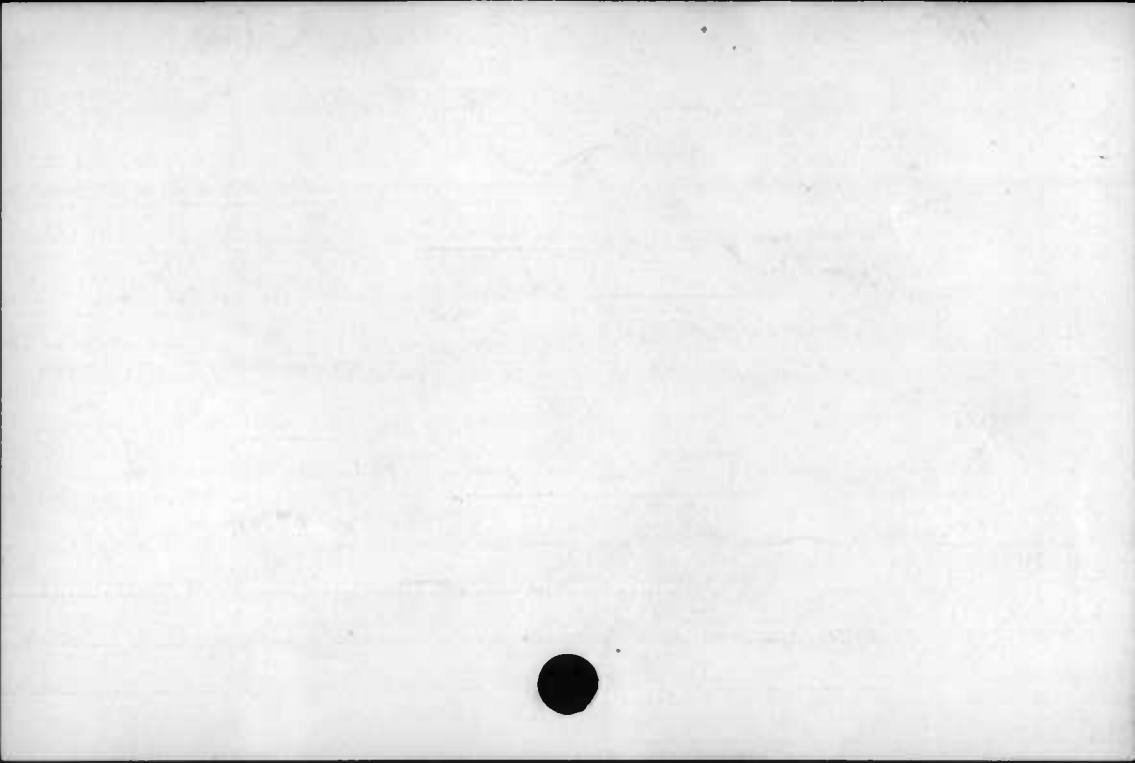
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>	How long <u>(S)</u>
Immediate	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. A. Griffith</u>
	Address <u>Upper Marlboro Md</u>
Accident or Suicide?	



Name in Full		Mrs Rachael Ann Curtis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Laurel	County Prince Georges	MARYLAND		
		Date of death		1908	Month 10	Day 5	Age 54	Months
		Sex		Female		Color or Race	White	Birth-place
		Occupation		Housewife		Where Residing if not at place of death	Laurel	
		Married, Single or Widowed		Widow		Name of Wife or Husband	James E. Curtis	
		Father's Name		John Price		Father's Birthplace	Balta Co.	
		Mother's Maiden Name		Rachael Ann Rose		Mother's Birthplace	11 -	
		Name of person giving information		Lucinda Price		How related to deceased	Sister	
		CAUSES OF DEATH				120		
PHYSICIAN OR CORONER		Primary				How long		
		Chronic Interstitial Nephritis				5 years.		
		Immediate				How long		
		Mitral stenosis				2 weeks		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician		R. C. Hosley		Address		
				Laurel		Md		
		Accident or Suicide?						



Name  
in  
Full

*Alberta Dyson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

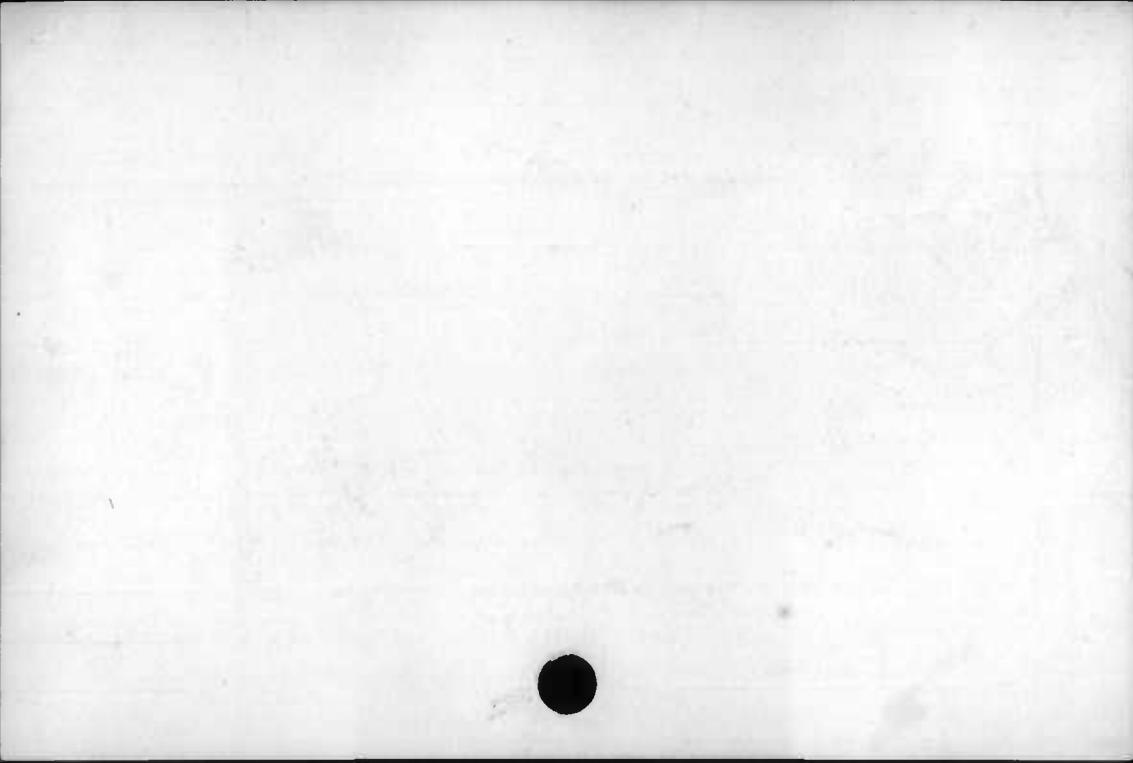
Died at		Town <i>Laurel</i>		County <i>Pr. Wv.</i>		MARYLAND	
Date of death		1908	Month 10	Day 30	Age 71	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>A. A. Co.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Odenton</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Nehemiah Dyson</i>		
Father's Name	<i>James Anderson</i>					Father's Birthplace	
Mother's Maiden Name	<i>Alberta Anderson</i>					Mother's Birthplace	
Name of person giving information	<i>Nehemiah J. Dyson</i>					How related to deceased <i>Son.</i>	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i>		How long	<i>1 hour</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Y</i>	Signature of Physician <i>J. H. Ryer</i>	
			Address <i>Laurel</i>	
Accident or Suicide?		<i>N</i>	<i>md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

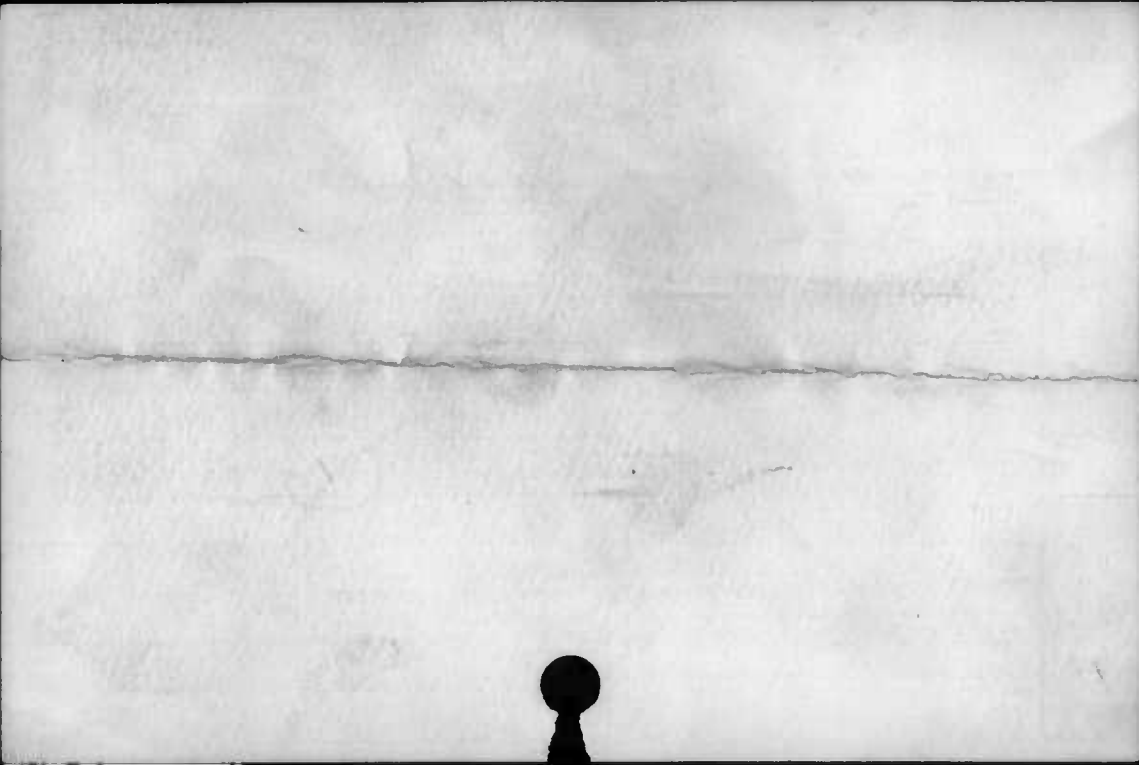
Died at <i>Glendale</i> <sup>Town</sup>		<i>N.Y.</i> County		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	<i>56</i> <sup>Years</sup>	<i>-</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa-</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ethel Kellie</i>				
Father's Name <i>Bernard Fitzpatrick</i>	Father's Birthplace <i>Pa-</i>		Mother's Birthplace <i>Pa-</i>		
Mother's Maiden Name <i>Stephen</i>	How related to deceased <i>wife</i>				
Name of person giving information <i>Ethel Kellie Fitzpatrick</i>					

## CAUSES OF DEATH

110

PHYSICIAN  
OR CORONER

Primary <i>Acute Yellow Atrophy of the Liver</i>	How long <i>Two weeks</i>
Immediate <i>Oedema of the Lungs</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. J. O'Connell M.D.</i>
	Address <i>Springfield</i>
Accident or Suicide?	<i>No</i>



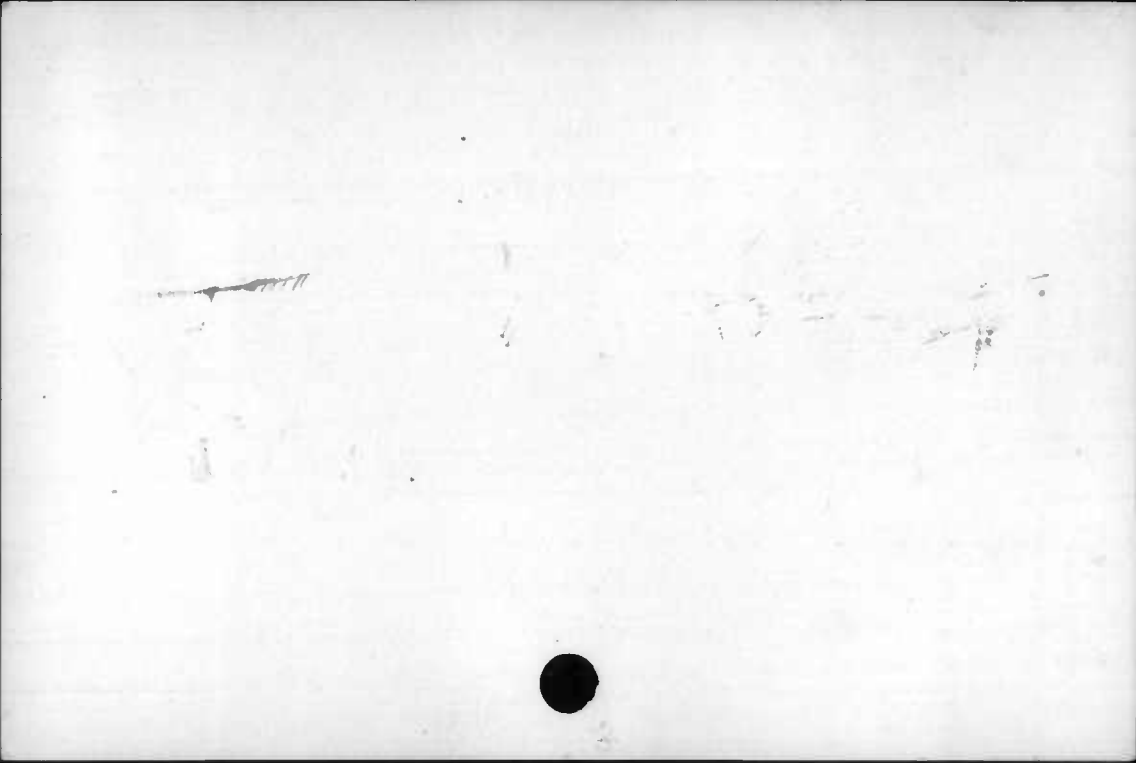


Name in Full <b>Cornelius P. Forbes</b>		CERTIFICATE OF DEATH	
Died at <b>Camp Springs, Pr. Geo.</b>		County <b>Pr. Geo.</b>	
Date of death <b>1908</b>		Month <b>10</b> Day <b>17</b> Age <b>2</b> Years <b>2</b> Months <b>2</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>	
Occupation <b>— None —</b>		Birth-place <b>Mo.</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>William Forbes</b>		Father's Birthplace <b>Mo.</b>	
Mother's Maiden Name <b>Elizabeth A. Simpson</b>		Mother's Birthplace <b>Mo.</b>	
Name of person giving information <b>" " "</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
Primary <b>Intestinal Worms</b>		How long <b>3 weeks</b>	
Immediate <b>Exhaustion</b>		How long <b>—</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>C. P. Simpson</b>	
		Address <b>Rosecroft, Mo.</b>	
Accident or Suicide? <b>—</b>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

107



Name  
in  
Full

Gilbert Dixon Fox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Hyattsville</b> <small>Town</small>		<b>Prince George</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>190</b> <small>Month</small> <b>Oct.</b> <small>Day</small> <b>4</b>		Age <b>59</b> <small>Years</small>		<small>Months</small>	
Sex <b>Male</b>		Color or Race <b>white</b>		Birth-place <b>Farmington, Conn.</b>	
Occupation <b>Sm. Clerk</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Marion Wright</b>			
Father's Name <b>Henry John Fox</b>		Father's Birthplace <b>Hull, England</b>			
Mother's Maiden Name <b>Clarinda Strong, white</b>		Mother's Birthplace <b>Ashland N.Y.</b>			
Name of person giving information <b>Irving P. Fox</b>		How related to deceased <b>Brother</b>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<b>Interstitial Nephritis</b>	How long	<b>5 years</b>
Immediate	<b>hypostatic pneumonia</b>	How long	<b>1 wk</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Samuel H. Hattermole</b>	
		Address <b>Hyattsville</b>	
Accident or Suicide? <b>neither</b>			

Gilbert & Dixon Fox  
~~Agat. 1849-1908~~

1849 — 1908

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

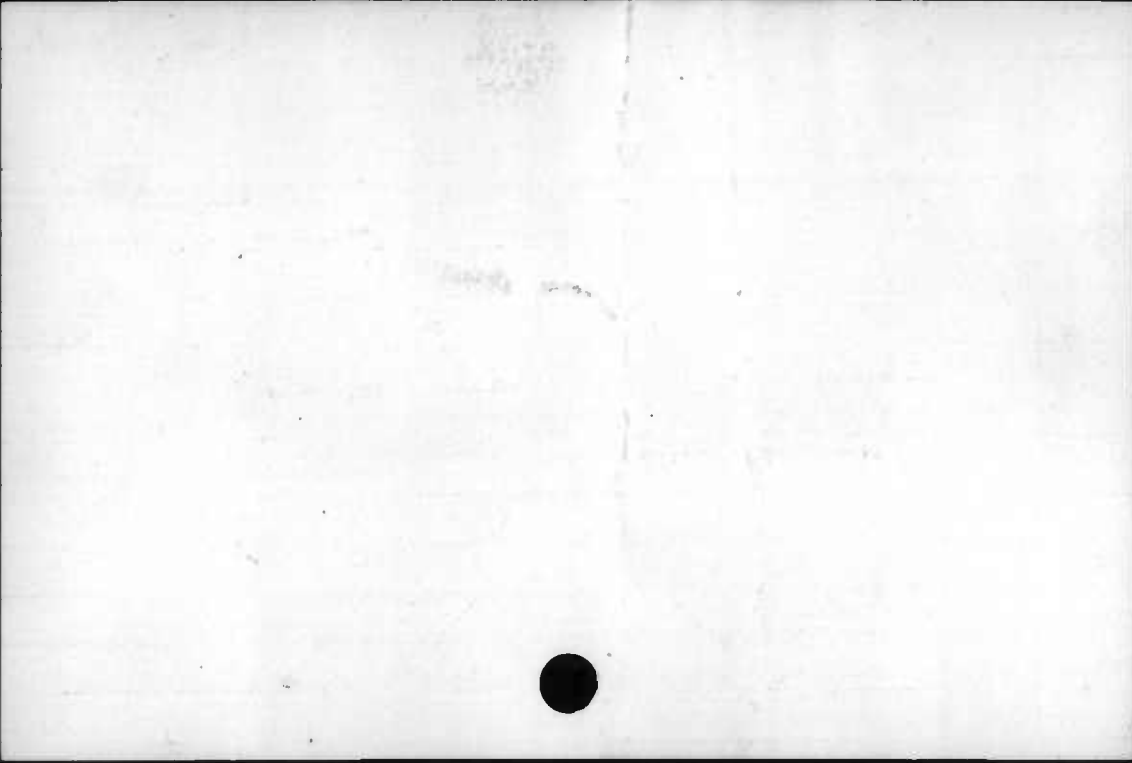
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		10	7.	24			
Sex	Male	Color or Race	White	Birth-place	Washington, D.C.		
Occupation	None.			Where Residing if not at place of death	49 K. St. N.W. Washington, D.C.		
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown None				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name				Mother's Birthplace	D.C.		
Name of person giving information	R. M. Perry.			How related to deceased	Not at all.		

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	Melancholia	How long	3 mos.
Immediate	Appendicitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Comelius Helms
		Address	Laurel, Md.
Accident or Suicide?			



Name  
in  
Full

Joney Gadsden

## CERTIFICATE OF DEATH

Town

Annapolis

County

MARYLAND

Died at

Cheltenham, Prince Georges

Date

1908

Month

Oct

Day

22

Years

Age 12

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

S.C.

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Joney Gadsden

Father's  
Birthplace

S.C.

Mother's  
Maiden Name

Caroline

Mother's  
Birthplace

S.C.

Name of person giving  
Information

John B. Pyle, Supt. House of Reformation

How related  
to deceased

None

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

10 months

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

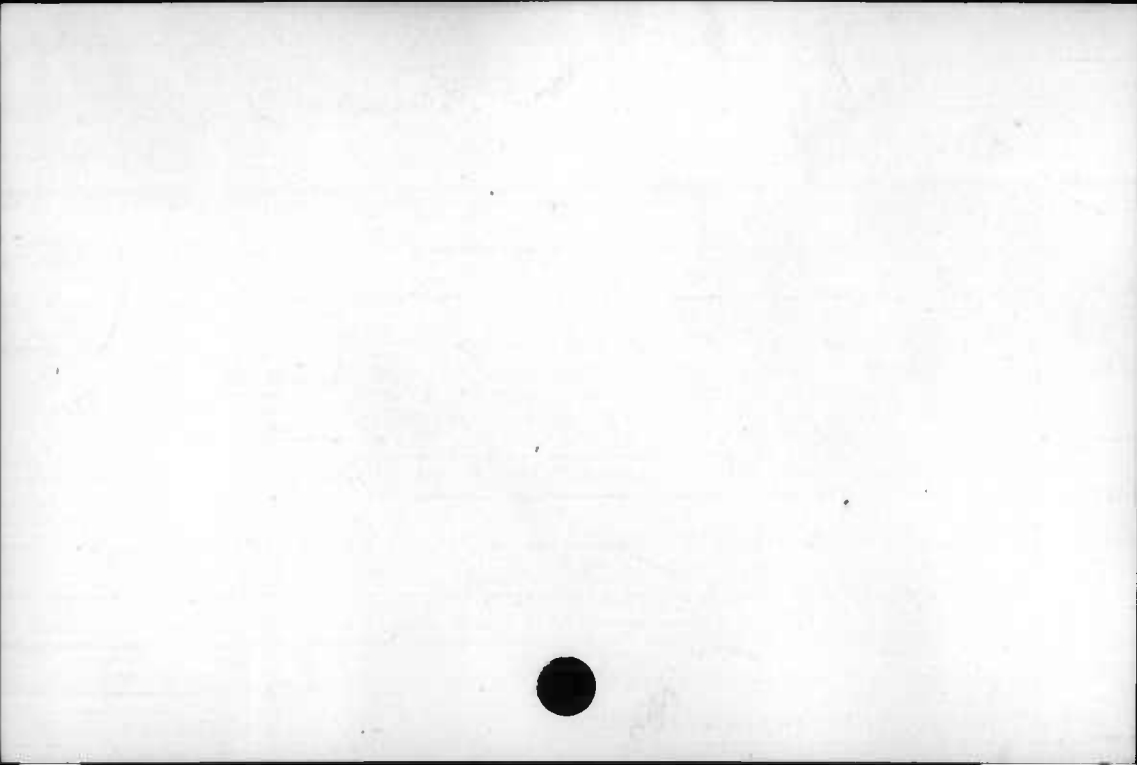
W. H. Webb

Address

Crown and

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Lennie Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

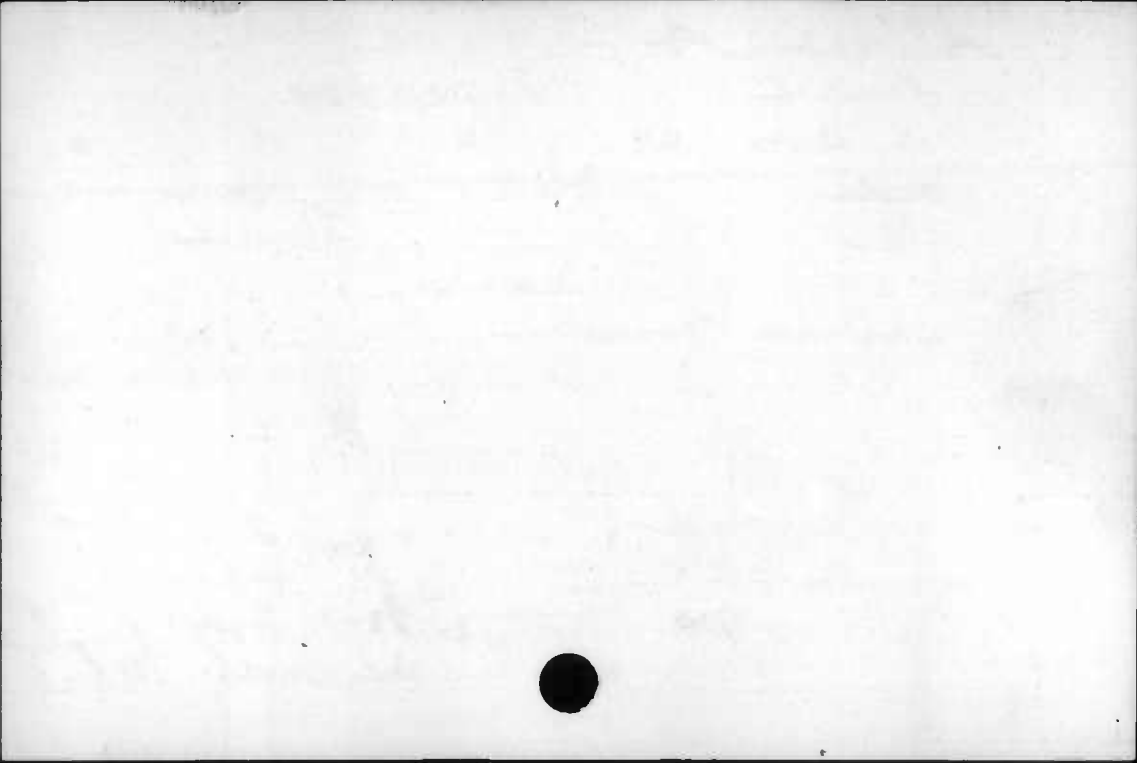
Died at <i>New Marlboro</i>		Town <i>Phila</i>		County	
Date of death <i>1908</i>		Month <i>10</i>	Day <i>14</i>	Age <i>80</i>	Years
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>- -</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Phil. Galloway</i>			
Father's Name <i>Samuel Boncher</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Benj. Galloway</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

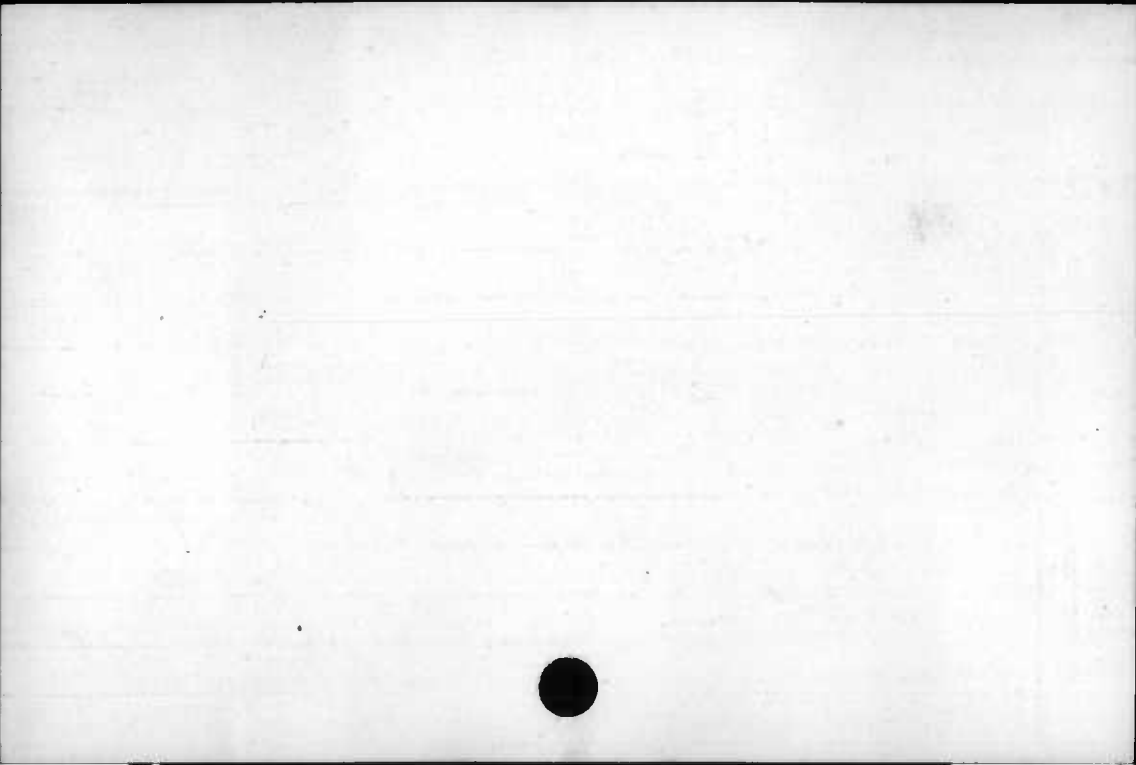
179

PHYSICIAN  
OR CORONER

Primary <i>Complication of Stroke</i>	How long <i>18 mos.</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>10 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reverdy Sasser</i>
	Address <i>Upper Marlboro Md</i>
Accident or Suicide?	



Name in Full		Albert A. Gosnell				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Laurie		Ponce		300			
		Date of death		Month		Day		Years	
		1908		Oct		29		4	
		Sex		Color or Race		Birth-place		Months	
		Male		White		Md		11	
		Days		6					
Occupation		Where Residing if not at place of death		None		Laurie			
Married, Single or Widowed		Name of Wife or Husband		None					
Father's Name		Father's Birthplace		Albert Gosnell		Md			
Mother's Maiden Name		Mother's Birthplace		Hattie A. Millard		Md			
Name of person giving information		How related to deceased		Albert Gosnell		Father			
		CAUSES OF DEATH		167					
PHYSICIAN OR CORONER		Primary		Burned by stove on face & chest		How long			
		Shock.		2 1/2 hours		How long			
		Immediate		4 hours					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				J. H. J. J. J.		Address			
		Accident or Suicide?		Laurie, Md.					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

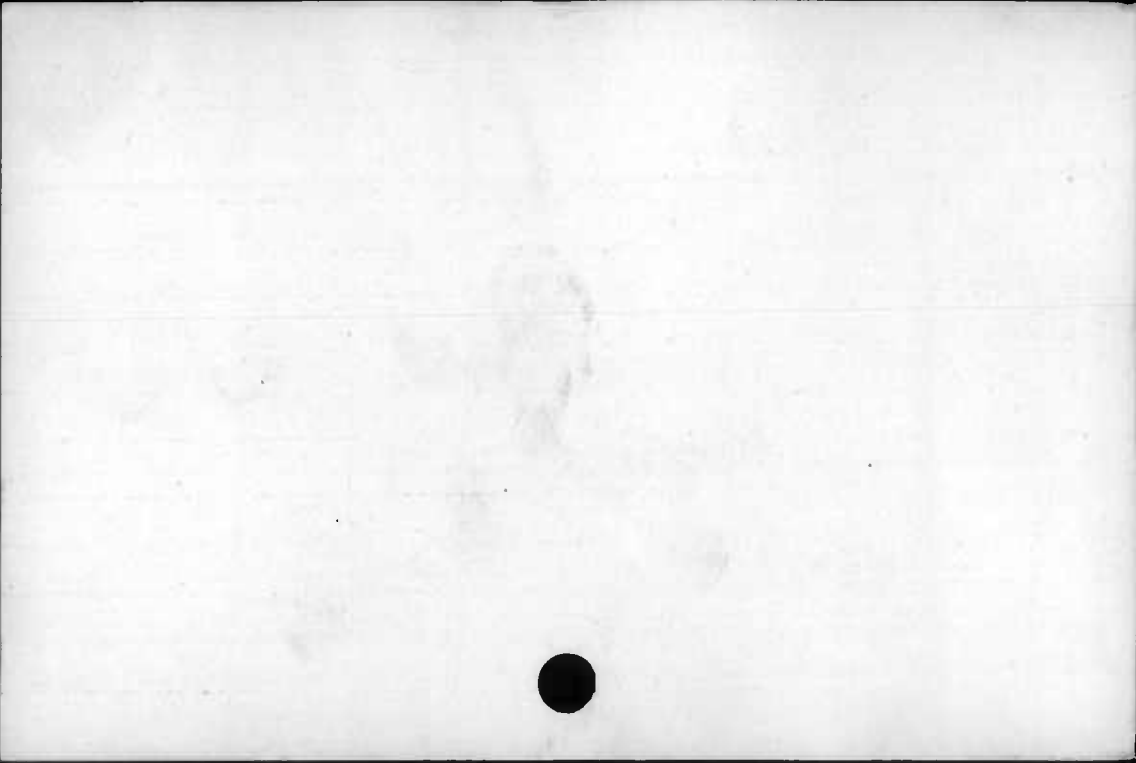
Died at <i>Forestville</i> <sup>Town</sup>		<i>P. Esco.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>5<sup>th</sup></i>		Age <i>79</i> <sup>Years</sup>		Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Va.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Eliza Green</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Pinkney Belt</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

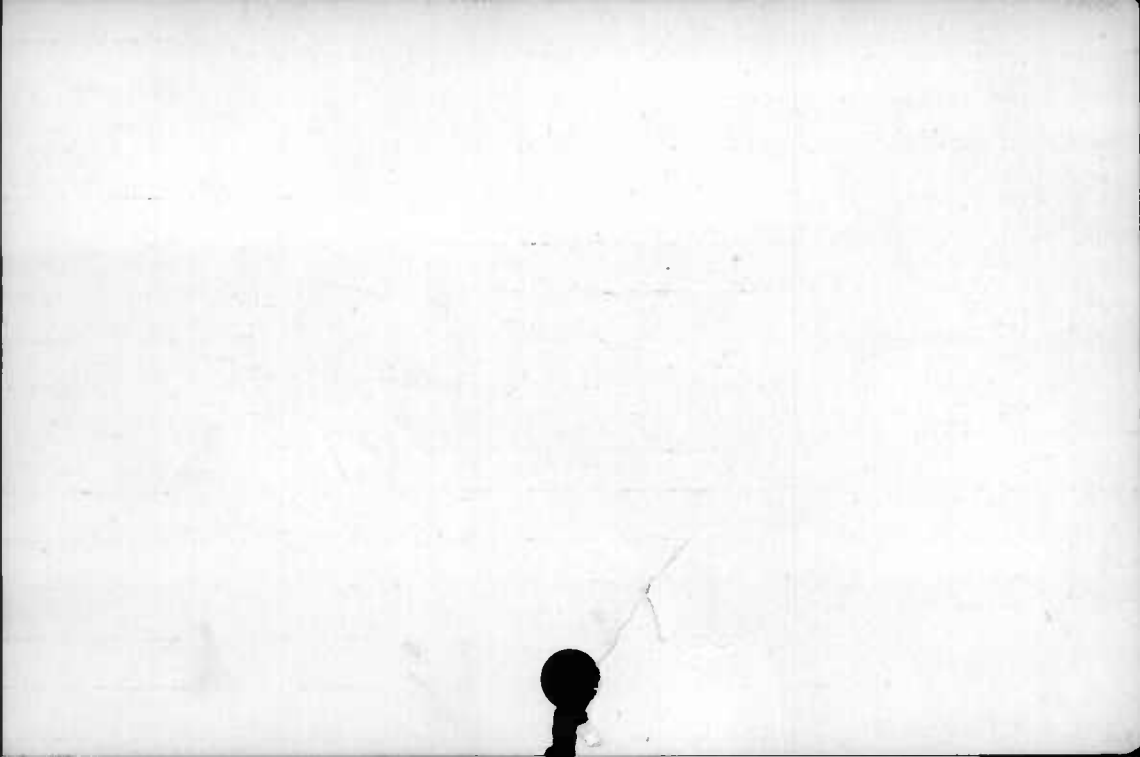
154

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>2 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John C. Samsbury M.D.</i>
	Address <i>Forestville, Md.</i>
Accident or Suicide? <i>Neither.</i>	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Lucas Anne</u>		<u>P. G.</u> County		MARYLAND	
	Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>20</u>	Age <u>5-7</u>	Months <u>—</u> Days <u>—</u>	
	Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Md.</u>		
	Occupation <u>Farmer</u>		Where Residing if not at place of death			
	Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <u>Mary C. Gummer</u>				
	Father's Name <u>Joseph Gummer</u>		Father's Birthplace <u>A. A. G.</u>			
	Mother's Maiden Name <u>Henrietta Bidout</u>		Mother's Birthplace <u>A. A. G.</u>			
Name of person giving information <u>M. C. Gummer</u>		How related to deceased <u>Wife</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Transmitting Typhoid fever</u>		How long <u>Impossible to tell</u>			
	Immediate <u>Exhaustion</u>		How long <u>24 hrs</u>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. F. R. Dufour</u>			
			Address <u>Mitchellville Md.</u>			
Accident or Suicide? <u>—</u>						





Name  
in  
Full

Augustus Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

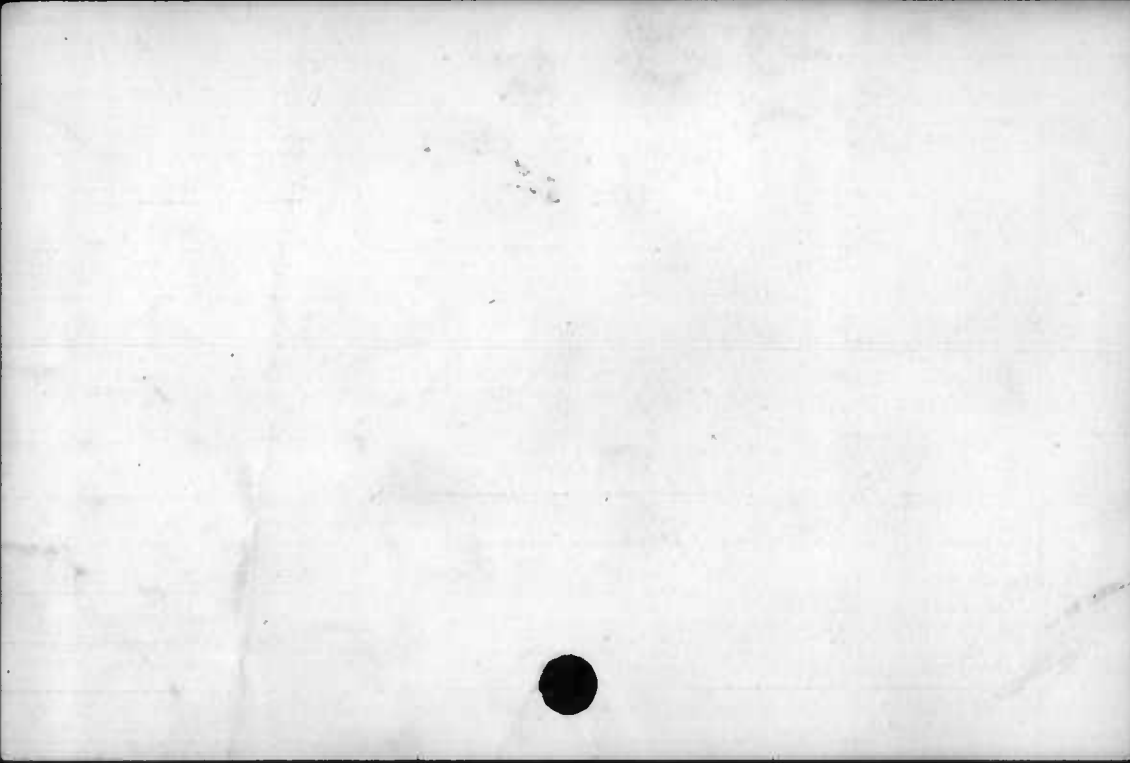
Died at <u>Bowie</u> <sup>Town</sup>		<u>Prince Georges</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> <u>24</u>	Age	<u>35</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Bar tender</u>		Where Residing if not at place of death <u>—————</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—————</u>			
Father's Name	<u>Thomas Herbert</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary Sprigg</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Baylis Fairfax</u>			How related to deceased	<u>None</u>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>2 years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Edson A. Ryan M.D.</u>
		Address	<u>Bowie</u>
Accident or Suicide?	<u>no</u>		<u>md</u>



Name in Full		Jury Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town		County		MARYLAND	
	Date of death	1908	Month	October	Day	29	Age
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Leont Kner				Father's Birthplace	
	Mother's Maiden Name	Dont Kner				Mother's Birthplace	
Name of person giving information	Le V. Allen				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Leont Kner				How long	old age
	Immediate					How long	5 months
	Are the name, age, sex, color, date and place correctly given above?	Male				Signature of Physician	J. L. Warden
						Address	Clinton
	Accident or Suicide?					Prud for Caused	

Allen

Name  
in  
Full

Ellen Kagle

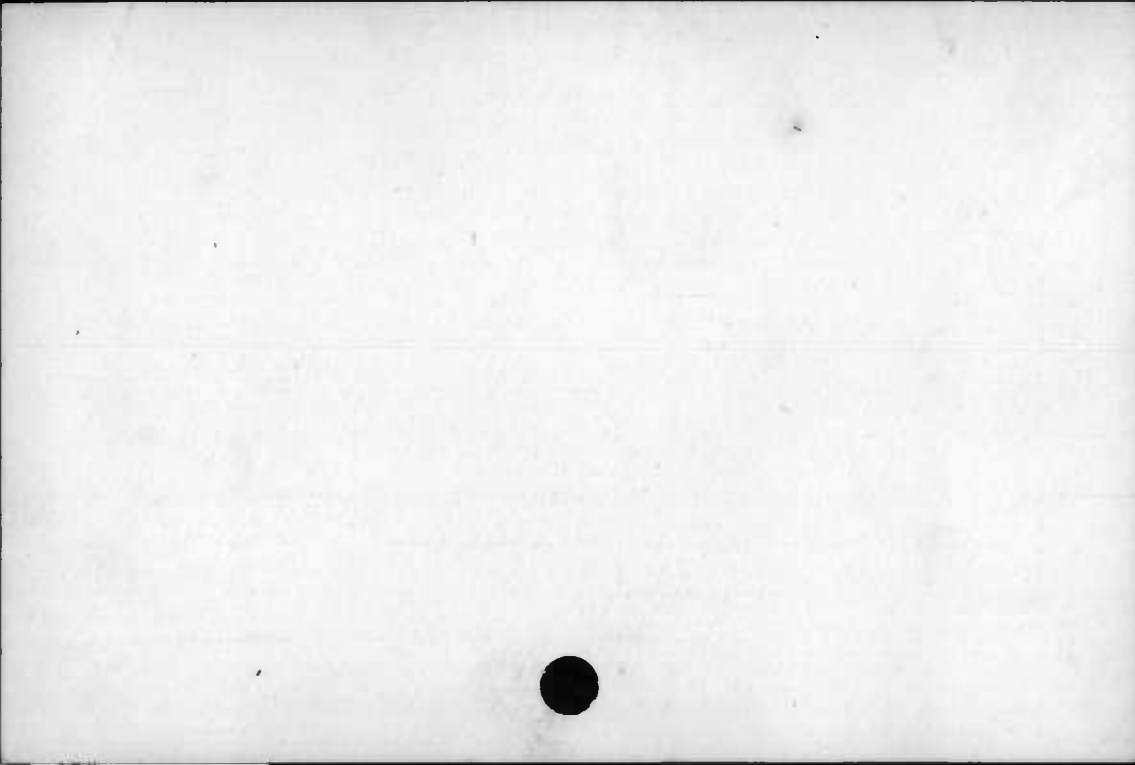
No 4  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Seabrook		Prince George		MARYLAND							
Date of death		1908	Month	Oct	Day	4	Age	Years	76	Months		Days	
Sex		female		Color or Race		white		Birth-place		England			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed		widow		Name of Wife, or Husband James Kagle									
Father's Name		Joseph Davidson						Father's Birthplace		England			
Mother's Maiden Name		Unknown						Mother's Birthplace					
Name of person giving information		James Kagle Jr						How related to deceased		son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Resistant fever	How long	one week
Immediate	Endocarditis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

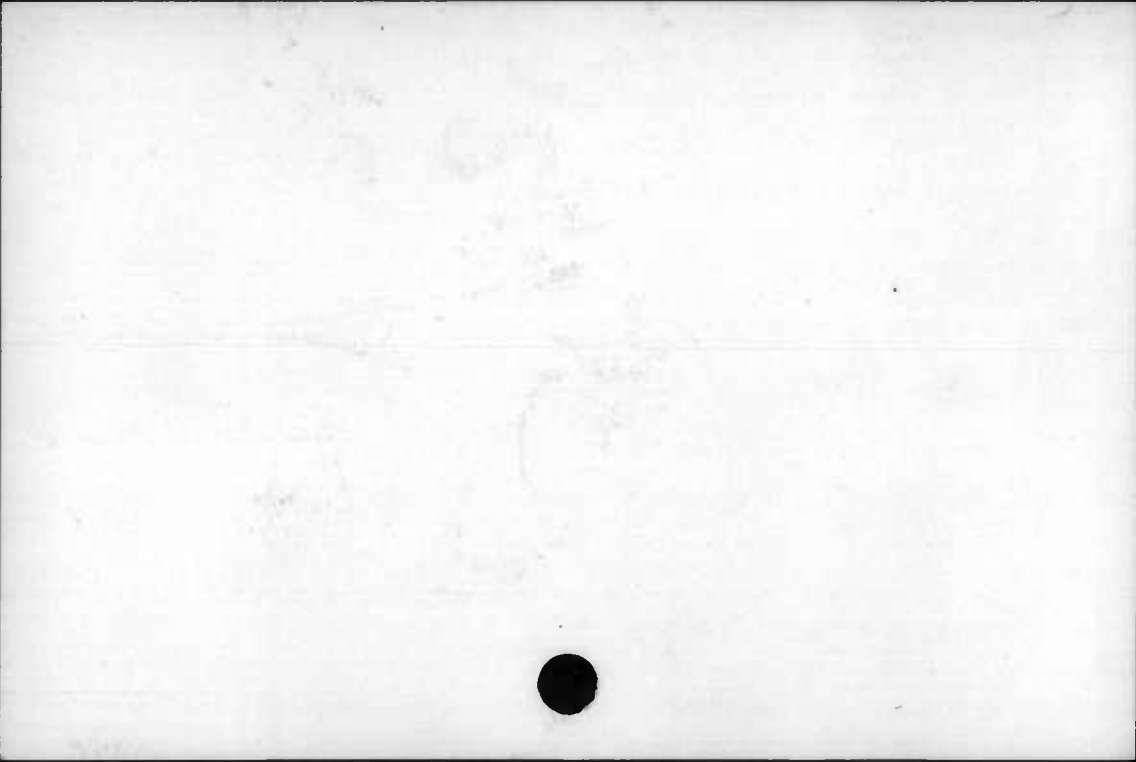
Died at		Town <i>Laurel</i>		Pr. <i>Geo.</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1908</i>	<i>10</i>	<i>7</i>		<i>1</i>	<i>26</i>	
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Laurel.</i>
Occupation	<i>—</i>			Where Residing if not at place of death		<i>Laurel. Md.</i>	
Married, Single or Widowed	<i>Child</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>James A. Leatherwood</i>					Father's Birthplace	<i>Carroll Co.</i>
Mother's Maiden Name	<i>Leah Ayton</i>					Mother's Birthplace	<i>Point Rocks</i>
Name of person giving information	<i>James A. Leatherwood</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since Birth</i>
Immediate	<i>Prostration</i>	How long	<i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. H. Smith</i>
		Address	<i>Laurel Md</i>
Accident or Suicide?			





Name  
in  
Full

Mary Catherine Lintess

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Upper Marlboro <sup>County</sup> P. Geo.

MARYLAND

Date of death 1908 <sup>Month</sup> Oct <sup>Day</sup> 26 <sup>Years</sup> Age 51 <sup>Months</sup> 7 <sup>Days</sup> -Sex Female <sup>Color or Race</sup> white - <sup>Birth-place</sup> P. Geo. Co. Md.Occupation None <sup>Where Residing if not at place of death</sup> -Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> -

Father's Name Thos H. Lintess

Father's Birthplace P. Geo. Co. Md.

Mother's Maiden Name Mary F. Cagle

Mother's Birthplace P. Geo. Co. "

Name of person giving information Mrs E. F. Wells

How related to deceased Sister

## CAUSES OF DEATH

27

Primary Tuberculosis

How long 2 yrs -

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. H. Gifford  
Upper Marlboro, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Caroline L McCullough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brentwood* Town*Pr* CountyDate of death *1908* Month *Oct*Day *8* Age *60* Years

Months

Days

Sex *female*Color or Race *white*Birthplace *Lucile Co Md*Occupation *room*

Where Residing if not at place of death

*Norfolk Va*Married, Single or Widowed *single*

Name of Wife or Husband

*room*Father's Name *Unknown*Father's Birthplace *Lucile Co Md*

Mother's Maiden Name

Mother's Birthplace *Lucile Co Md*Name of person giving information *Mary McCullough*How related to deceased *Sister*

## CAUSES OF DEATH

78

Primary *Ulcerative Endocarditis*How long *11 weeks*

Immediate

How long *Extension*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *no*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

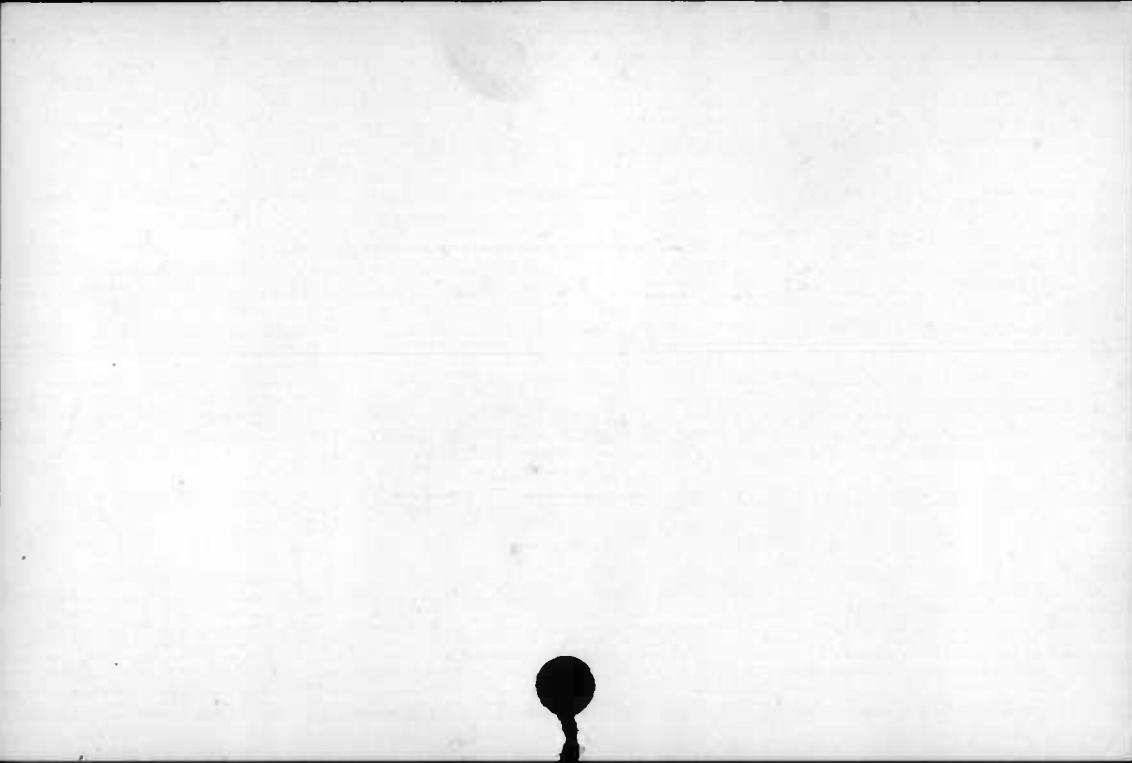
Name in Full <i>Mary Elizabeth Moore</i>		Town <i>Forestville</i>		County <i>P. Esco</i>		MARYLAND	
Died at <i>Forestville</i>		Month <i>Oct</i>		Day <i>2nd</i>		Years <i>63</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>2nd</i>		Years <i>63</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Christopher C. Moore</i>					
Father's Name <i>Washington Burgess</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Mary Hutchinson</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Christopher Moore</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>16 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. C. Sansbury M.D.</i>
	Address <i>Forestville Md.</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

Blanch Lavenia Kothey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Halls Town Prince George County MARYLAND

Date of death 1908 Month Oct Day 16 Age 19 Years Months Days

Sex Female Color or Race white Birth-place Halls, Maryland

Occupation none Where Residing if not at place of death

Married, Single  
~~or Widowed~~

Name of Wife or  
Husband

Father's Name James H Kothey

Father's Birthplace Charles Co Md

Mother's Maiden Name Mary Rose Beall

Mother's Birthplace Prince George Co Md

Name of person giving Information Mary Rose Beall

How related to deceased Mother

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Inanition

How long Since birth

Immediate Exhaustion

How long Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of  
Physician

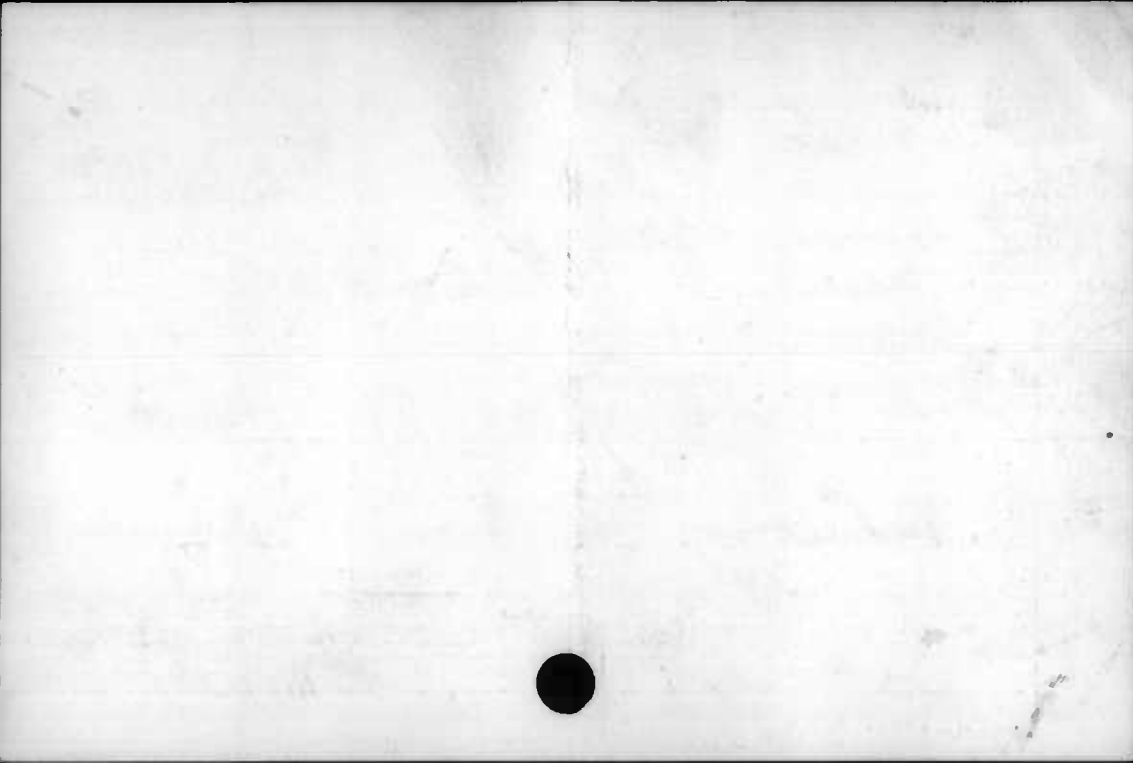
Address

Accident or Suicide?

J F R Dufour  
Mitchellville

R. F. D. No. 2

Ma





Name  
in  
Full

Henry Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

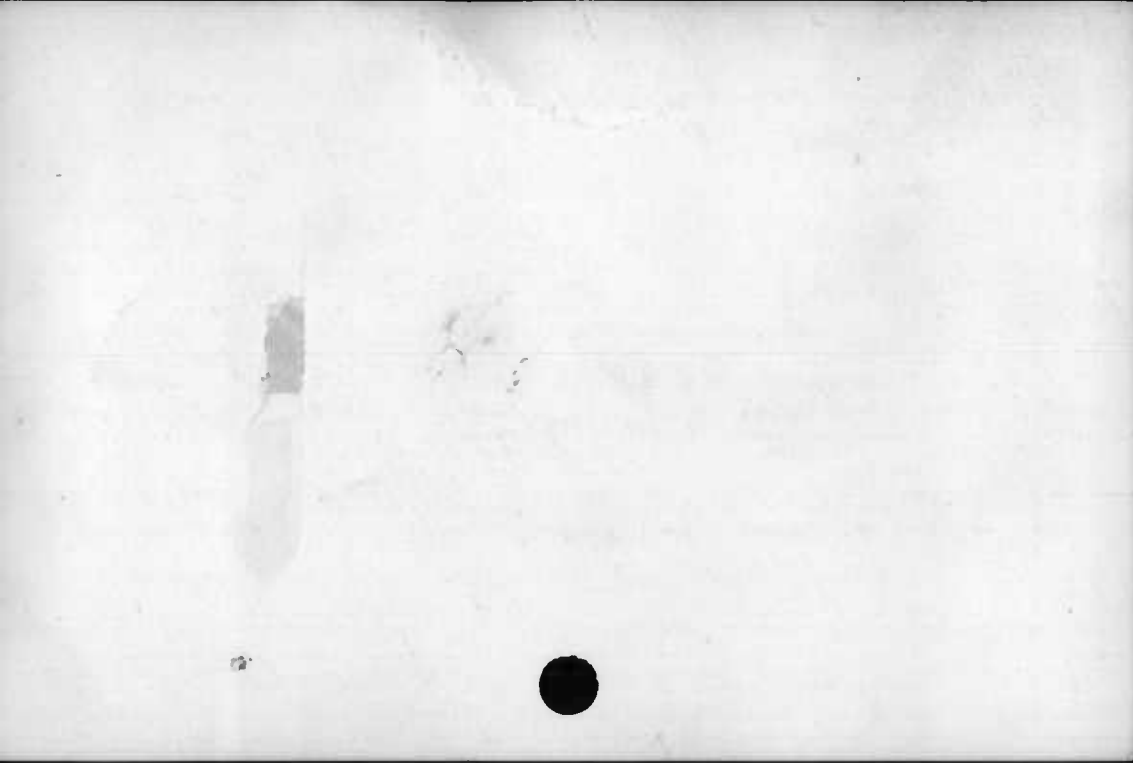
Died at <b>Brandywine Pk.</b>		Town <b>Brandywine Pk.</b>		County		MARYLAND	
Date of death <b>1908</b>		Month <b>10</b>	Day <b>8</b>	Age <b>20</b>		Years	Months <b>5</b>
Sex <b>female</b>		Color or Race <b>Colored</b>		Birthplace <b>Ind.</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Arthur Proctor</b>					
Father's Name <b>Henry Harley</b>		Father's Birthplace <b>Ind.</b>					
Mother's Maiden Name <b>Ella Proctor</b>		Mother's Birthplace <b>Ind.</b>					
Name of person giving information <b>Wm B. Harley</b>		How related to deceased <b>Brother</b>					

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<b>Pulmonary Tuberculosis</b>	How long <b>3 years</b>
Immediate	<b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John A. Cox</b>
		Address <b>Ind.</b>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

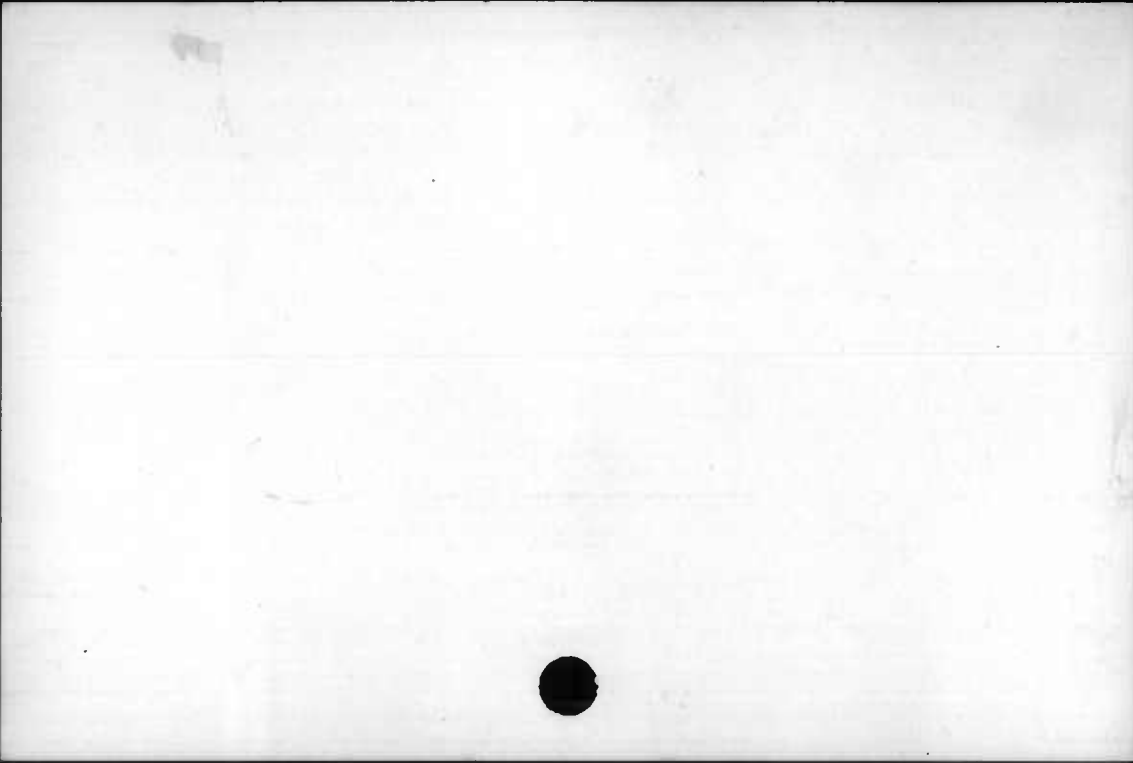
Died at <i>Colinton</i> <sup>Town</sup> <i>4<sup>th</sup></i> <i>P.O.</i> <sup>County</sup>			
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>4<sup>th</sup></i>	Age <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>	Months <i>9</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>Home</i>		
<del>Married</del> Single	Name of Wife or Husband <i>—</i>		
Father's Name <i>William Proctor</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ida Proctor</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm. Proctor</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>3 days</i>
Immediate <i>unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Waring</i>
	Address <i>Colinton</i>
Accident or Suicide?	<i>md</i>



Name  
In  
Full

Susan Queen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> <i>Near Hyattsville</i> <sup>County</sup> <i>Prince George</i>		MARYLAND	
Date of death <i>1908 Oct.</i>	Month <i>Oct.</i>	Day <i>6</i>	Age <i>65</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm. Queen</i>		
Father's Name <i>Stephen Queen</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Martha M. Lytt</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Martha E. Wilson</i>	How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Angina pectoris</i>	How long <i>9 days</i>
Immediate <i>Angina pectoris</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. C. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>and</i>

Bayette & Co.

Bureau

Dr. B. A.

Name  
in  
Full

Miss Sophia Rrh.

## CERTIFICATE OF DEATH

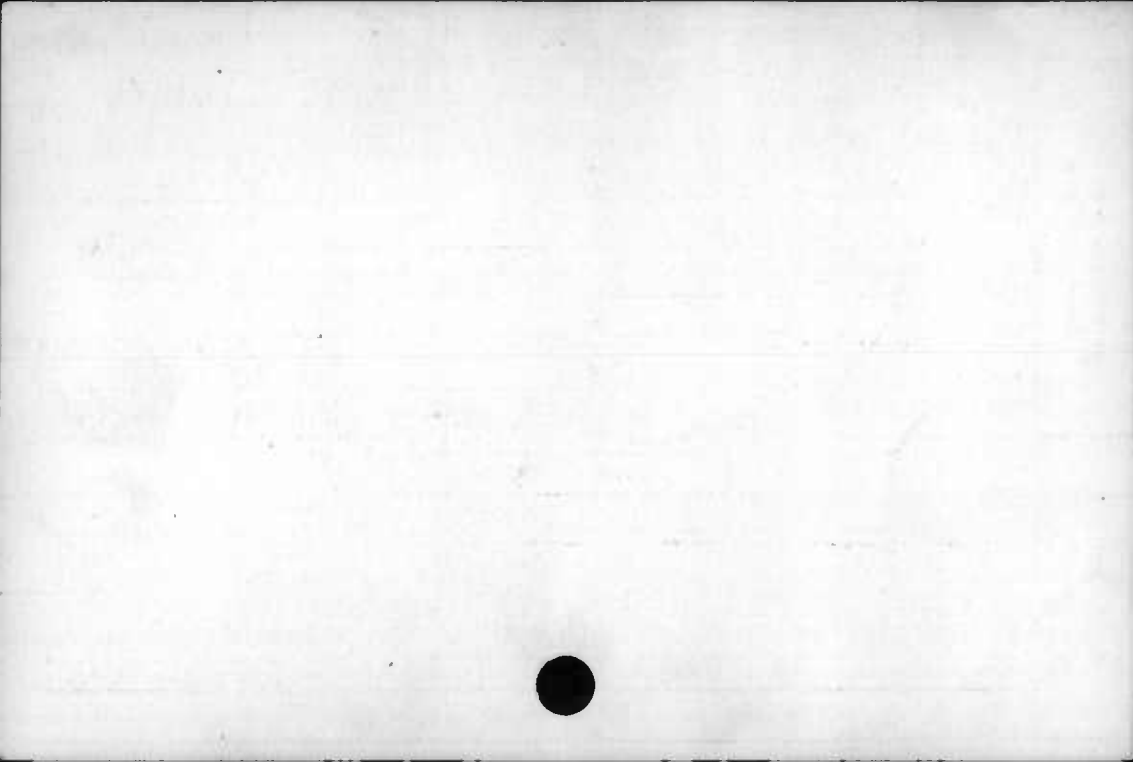
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cottage City		<sup>County</sup> Pr Georges.		MARYLAND	
Date of death	1908	Month	Oct	Day	29
Age	20	Years	6	Months	
Sex	Female	Color or Race	White	Birth-place	Wash. D.C.
Occupation	Clrk.	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frd. R.H. Rrh.	Father's Birthplace N.Y. City			
Mother's Maiden Name	Fannia	Mother's Birthplace Wash D.C.			
Name of person giving information	Mother & Father	How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever.	How long	2-3 days.
Immediate	Heart failure	How long	Few hrs.
Are the name, age, sex, color, date and place correctly given above?	Yrs.	Signature of Physician	R.A. Bennett
		Address	Riverview
Accident or Suicide?			Ind.





Name  
in  
Full

Edward Henry Rideout

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Berwyn* Town *Prince George* CountyDate of death *1908* Month *Oct.* Day *14* Age *75* Years Months *1* Days *6*Sex *Male* Color or Race *White* Birth-place *Maine*Occupation *Retired* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Corlina M.S. Rideout*Father's Name *Silas M. Rideout* Father's Birthplace *Maine*Mother's Maiden Name *Abigail Merrill* Mother's Birthplace *Maine*Name of person giving information *Corlina M.S. Rideout* How related to deceased *wife*

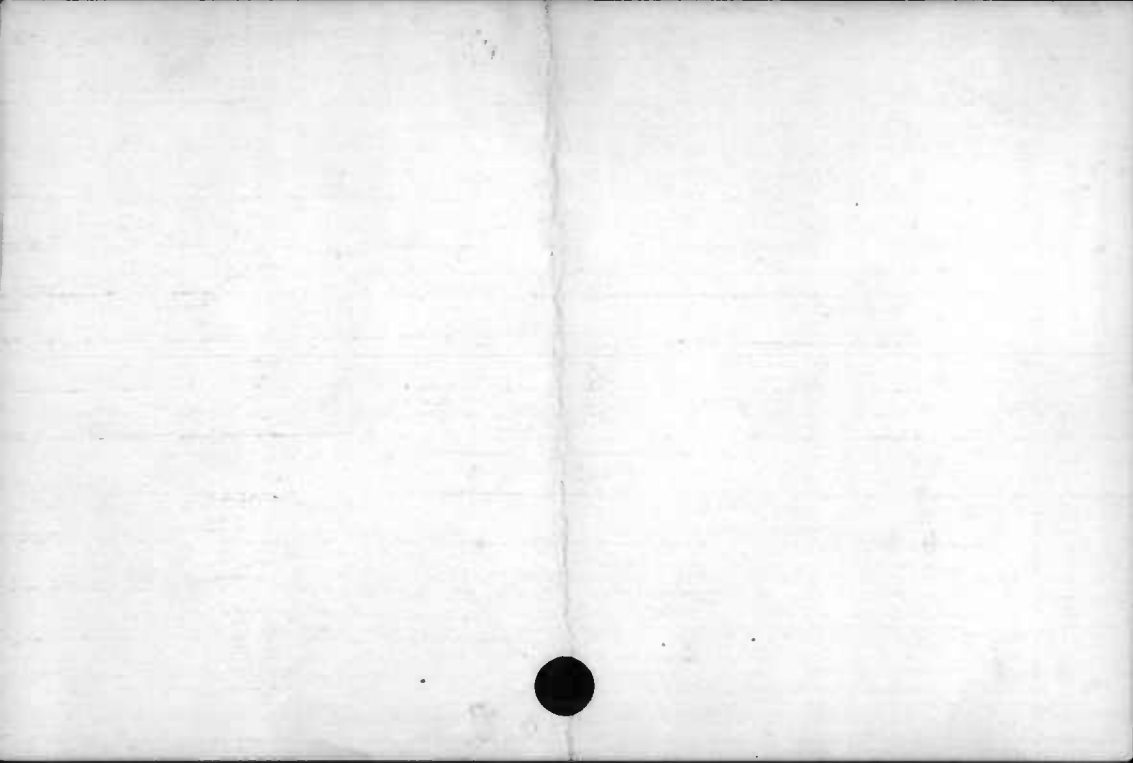
## CAUSES OF DEATH

79

Primary *Chronic Endocarditis* How long *Several years.*Immediate *Mitral Insufficiency* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *A. J. Etienne*Address *Berwyn Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Fleming Robertson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

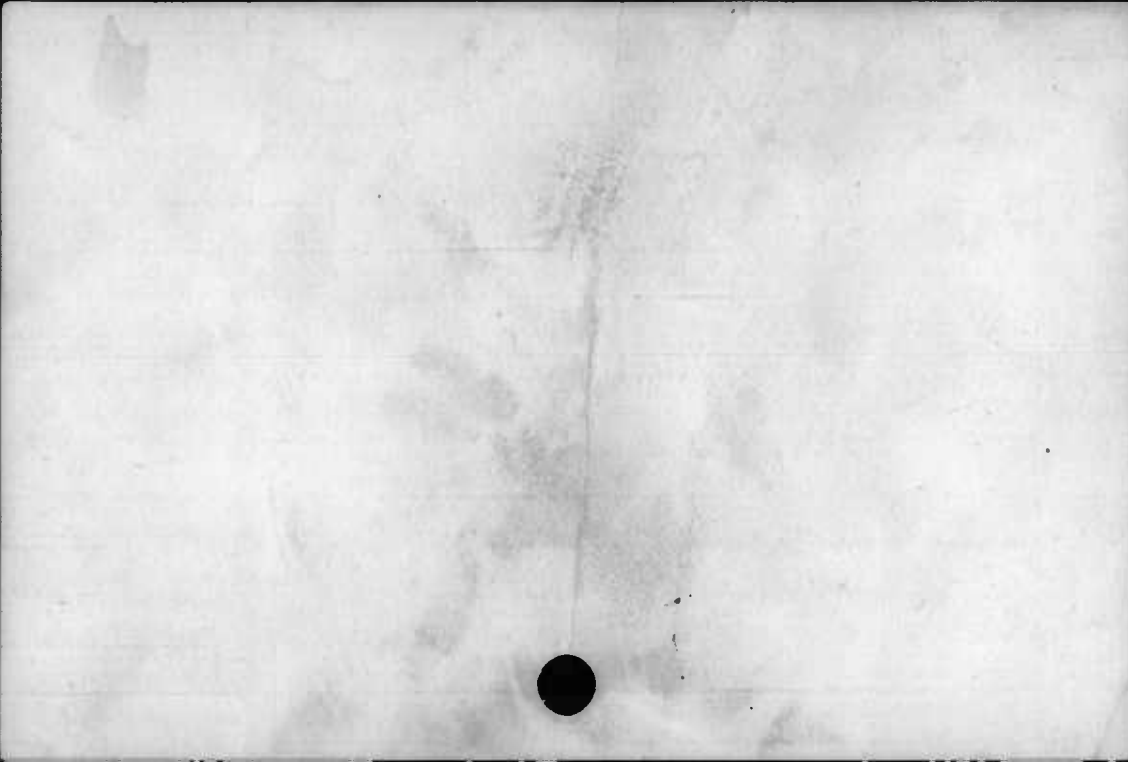
Died at <i>Springfield</i>		Town <i>Springfield</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>October</i>	Day <i>17th</i>	Age <i>54</i>	Years	Months	Days
Sex <i>Man</i>		Color or Race <i>Colored</i>		Birth-place <i>C &amp; County</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Springfield</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Robertson</i>					
Father's Name <i>Fleming P Robertson</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>William -</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Agnes Robertson</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

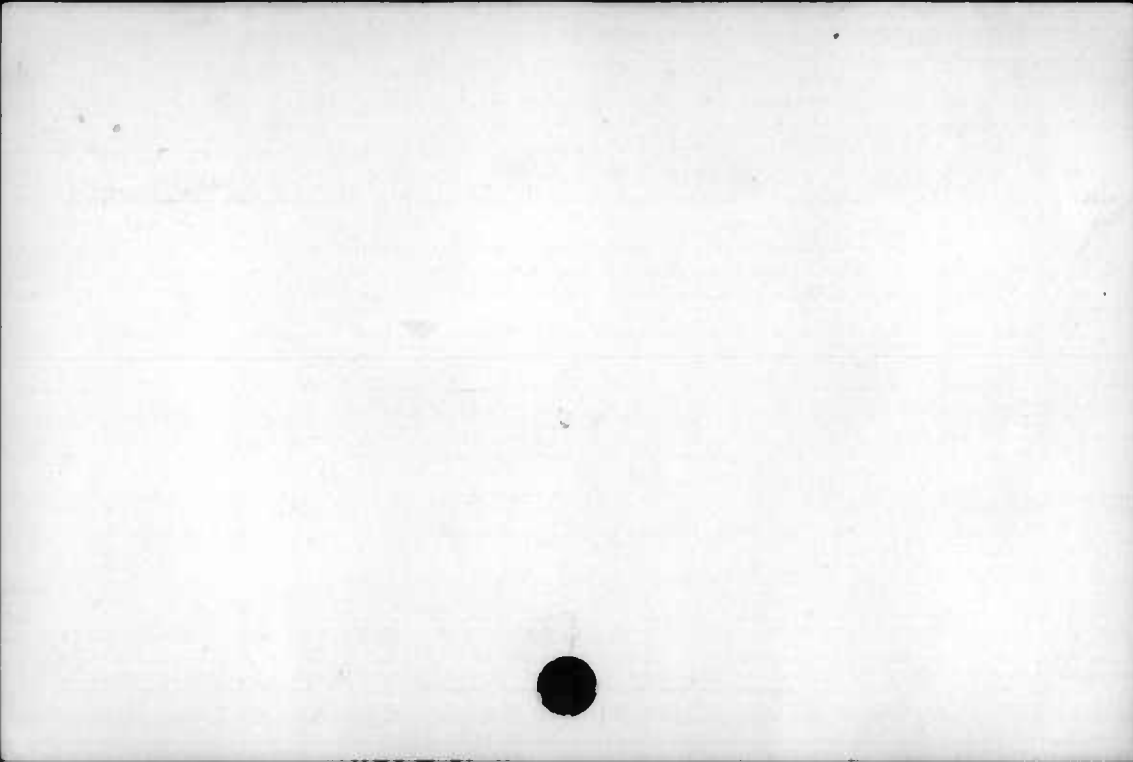
120

PHYSICIAN  
OR CORONER

Primary <i>Breast</i>	How long <i>5 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert C. Bell</i>
	Address <i>Justice of the Peace Glen Dale Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Silver Hill</u> <u>P. Y.</u> <u>Co.</u>		TOWN		
	Date of death <u>1908</u> <u>10</u> <u>13</u>		Age <u>12</u>	Months	Days
	Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>		
	Occupation <u>School</u>	Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		
PHYSICIAN OR CORONER	Father's Name <u>Mr. B. Savy</u>		Father's Birthplace <u>Md</u>		
	Mother's Maiden Name <u>Maggie Thompson</u>		Mother's Birthplace <u>Md</u>		
	Name of person giving information <u>Mr. Savy</u>		How related to deceased <u>Father</u>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<u>Typhoid fever</u>		How long	<u>3 wks</u>
	Immediate	<u>Hemorrhage</u>		How long	<u>2 da</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. E. Sansbury</u>		
			Address <u>Frostville Md</u>		
Accident or Suicide?					



Name  
in  
Full

Hilda May Scaggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

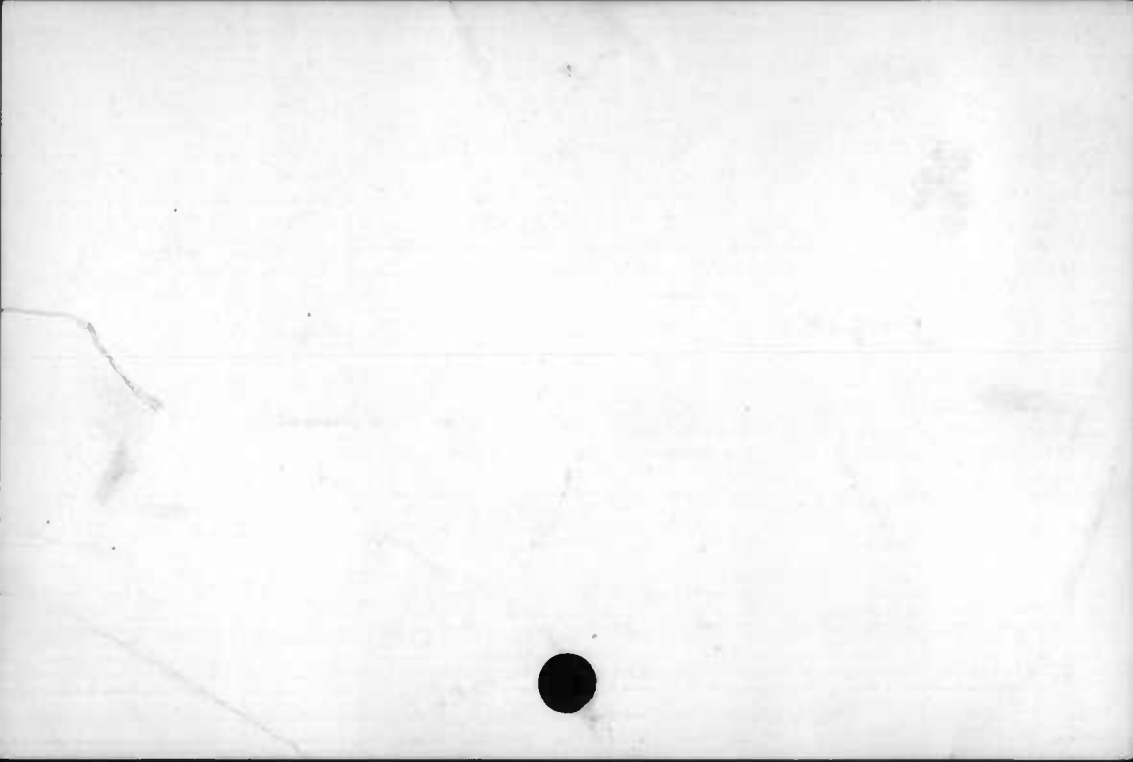
Died at		Town Laurel		County Dorset			
Date of death		1908	Month 10	Day 14	Age 1	Years 1	Months 1
Sex Female		Color or Race White		Birth- place Laurel			
Occupation Child		Where Residing if not at place of death Laurel					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name James A. Scaggs		Father's Birthplace Howard Co					
Mother's Maiden Name Annice E. Bree		Mother's Birthplace Baltimore Co					
Name of person giving Information Annice E. Bree		How related to deceased Mother					

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera infantum	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. P. Penderly	
Address		Laurel Md	
Accident or Suicide?		No	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Joshua D Shipley* Town *Hyattsville* County *Prince George*

Died at *Hyattsville* Date of death *1908* Month *Oct* Day *8* Age *83* Years Months Days

Sex *male* Color or Race *white* Birth-place *M. D.*

Occupation *retired carpenter* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Lavonia Shipley*

Father's Name *Joshua D Shipley* Father's Birthplace *J M D*

Mother's Maiden Name *Nancy Greenwood* Mother's Birthplace *" "*

Name of person giving information *J Monroe Shipley* How related to deceased *son*

CAUSES OF DEATH

**164**

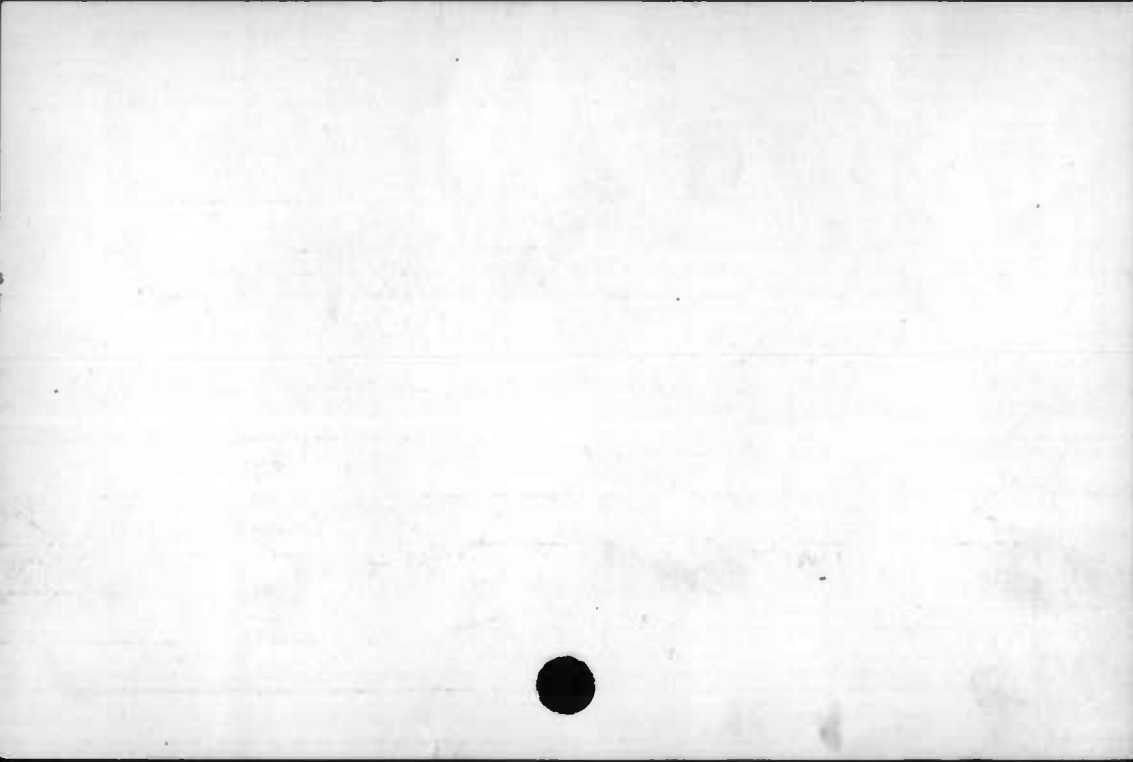
Primary *Fracture of the femur* How long *1 wks*

Immediate *Exhaustion from shock* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm H Hatcher*

Address *Hyattsville Md*

Accident or suicide? *Accident*



Name  
in  
Full

Mary E. Spriggs

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mathphalia

Age

Years

Months

Days

Date

of death

1908

Oct

21

Day

30

Months

—

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Clerk

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

William E. Spriggs

Father's  
Name

Richard West

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

"

Name of person giving  
In formation

William E. Spriggs

How related  
to deceased

Husband

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Acute - 2 weeks

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Spriggs

Upper Marlboro Md

Accident or Suicide?

Saw her Apr 1908 - times since

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

0170/10

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Sola R. Steiner* Town *Piscataway* County *P. G.*

Died at *Piscataway*

Date of death *1908* Month *October* Day *24* Age *28* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *house* Where Residing if not at place of death *With father*

~~Married, Single or Widowed~~ Name of Wife or Husband *Steiner*

Father's Name *Lucien Walter* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ind*

Name of person giving information *Lucien Walter* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *9 weeks*

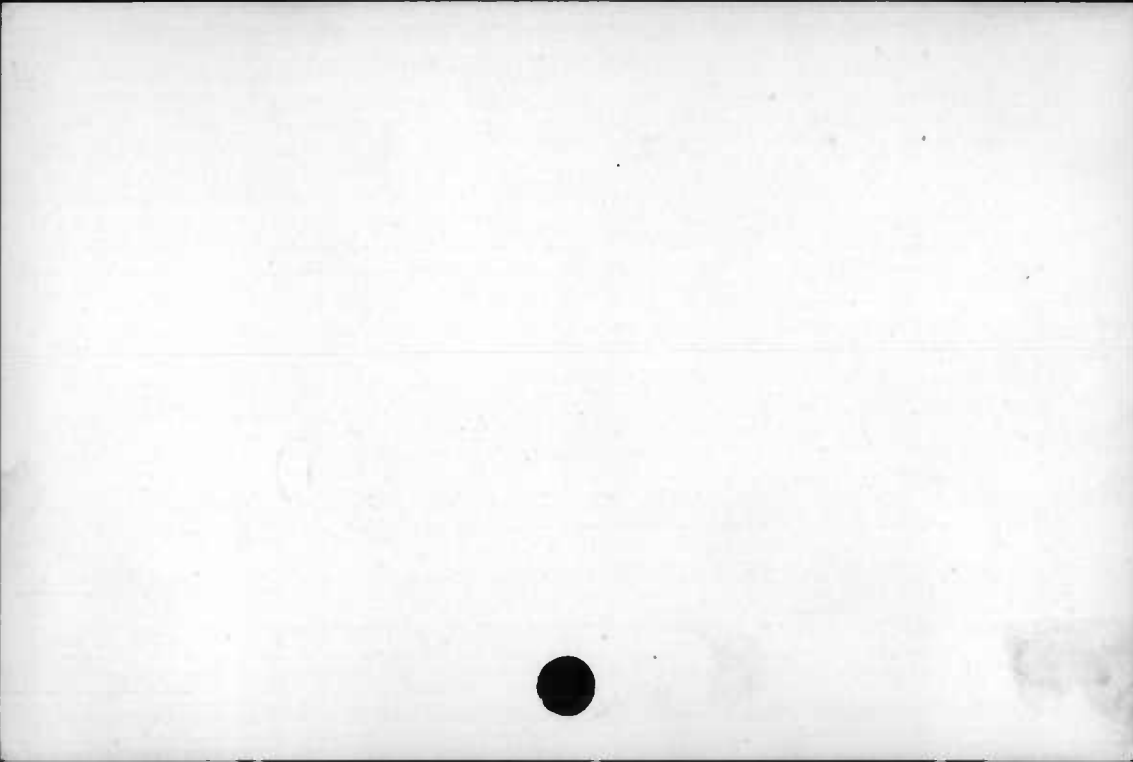
Immediate *Drops - Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John L. Weary*

Address *Calistoga*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

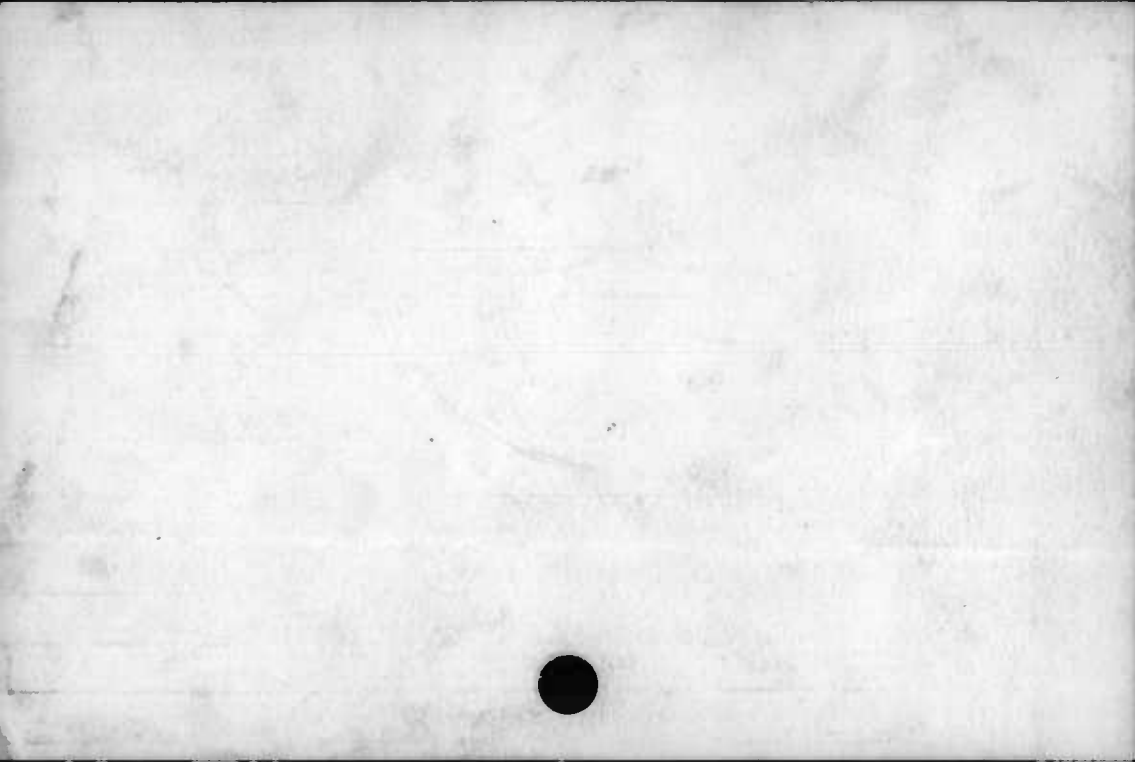
Name in Full <i>Mildred Louise</i>		Town <i>Farmont Heights</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Farmont Heights</i>		Month <i>Oct</i>		Day <i>2</i>		Age <i>—</i>	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>2</i>		Months <i>5</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>		Where residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lewis Stewart</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Fannie Brown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Lewis Stewart</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>gastro-enteritis</i>	How long <i>1 mo.</i>
Immediate <i>asthenia</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Brady</i>
	Address <i>Kenilworth, D.C.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

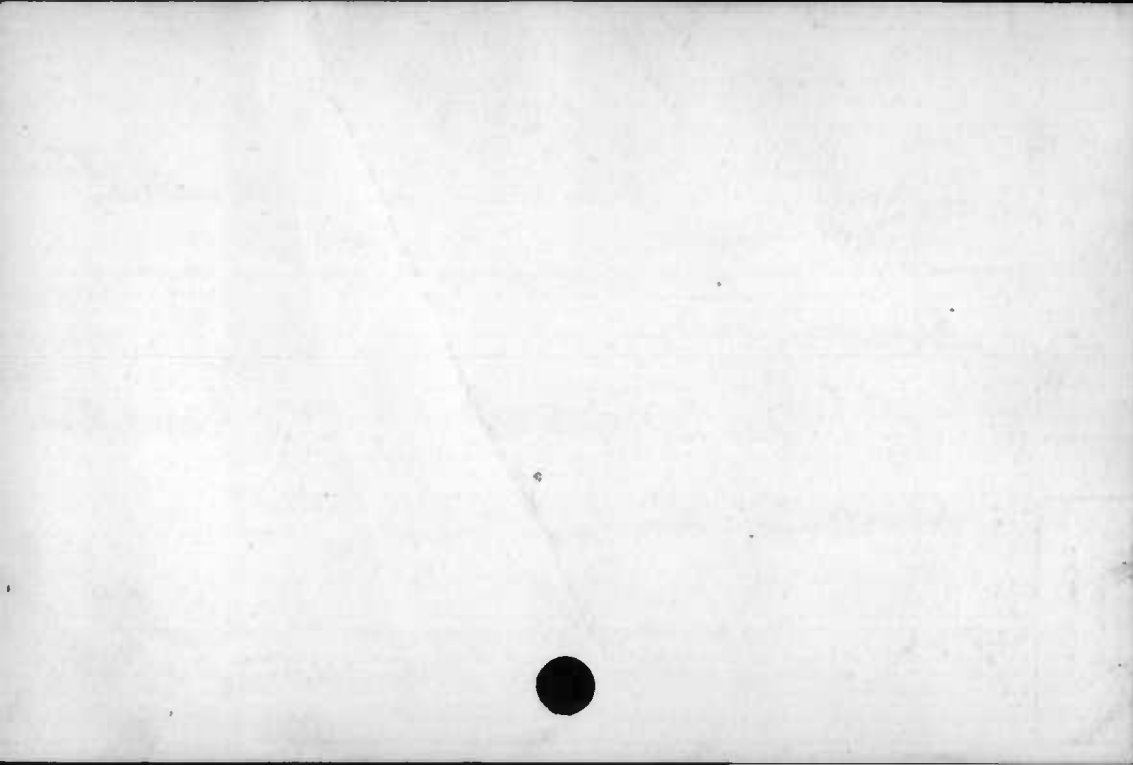
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Collington</i>		Town <i>Thomas</i>		County <i>Pry.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>1</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Collington</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Engine Thomas</i>			Father's Birthplace <i>P. G. Md.</i>				
Mother's Maiden Name <i>Mary Williams</i>			Mother's Birthplace <i>P. G. Md.</i>				
Name of person giving information <i>Engine Thomas</i>			How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Brain dead</i>	How long	<i>S</i>
Immediate	<i>-</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Orrall M.D.</i>	
		Address <i>Springfield Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James W. Thornton* Town *Silver Hill* County *P.G.*

Died at *Silver Hill* P.G.

Date of death *1908* Month *Feb-* Day *2d* Age *79* Years Months Days

Sex *male* Color or Race *white* Birth-place *Vermont*

Occupation *Wainman* Where Residing if not at place of death *Home*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Wice, Wignace* How related to deceased *Correlation*

CAUSES OF DEATH

**177**

PHYSICIAN  
OR CORONER

Primary *Heart and a Dr. of* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *As far as known*

Signature of Physician *J. L. Waring*

Address *Blindon*

Accident or Suicide? *—*



Name  
in  
Full

Lethia Tilghman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

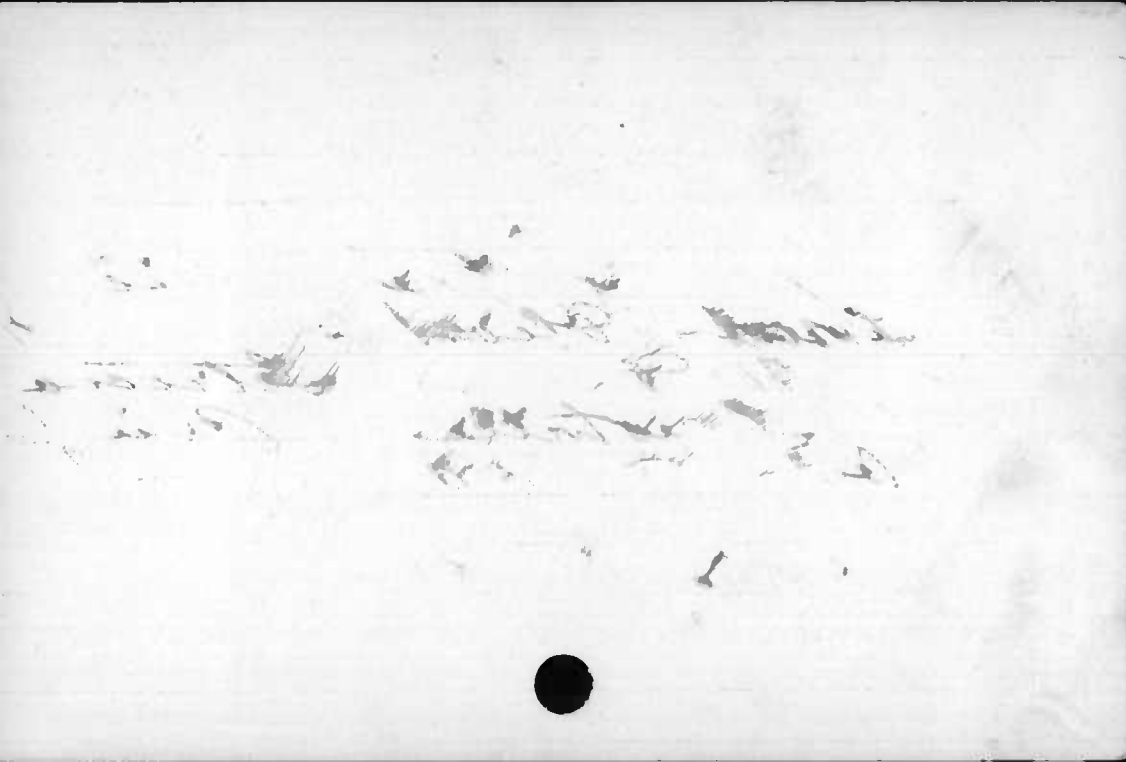
Died at <sup>Town</sup> <i>Forsville</i>		<sup>County</sup> <i>Greene</i>		MARYLAND	
Date of death	1908	Month	10	Day	11
Age	65	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	md
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Michael Tilghman		
Father's Name	unknown			Father's Birthplace	md
Mother's Maiden Name	Polly Bruce			Mother's Birthplace	md
Name of person giving information	William Tilghman			How related to deceased	Son

## CAUSES OF DEATH

101

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>12 months</i>
Immediate	<i>Follicular Tonsillitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John E. Embury</i>	
		Address	
		<i>Forsville, md</i>	
Accident or Suicide?			
<i>neither</i>			



Name  
in  
Full

Harriett Tolson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at 213. Town Pr. Geo CountyDate of death 1908 / 10 Month 14 Day Age about 75 Years Months DaysSex female Color or Race colored Birthplace mdOccupation house for several yrs Where Residing if not at place of deathMarried, Single or Widowed widow Name of Wife or Husband Fredk. TolsonFather's Name Jennifer Father's Birthplace mdMother's Maiden Name not known Mother's Birthplace mdName of person giving information Wm Beale How related to deceased son in law

## CAUSES OF DEATH

64

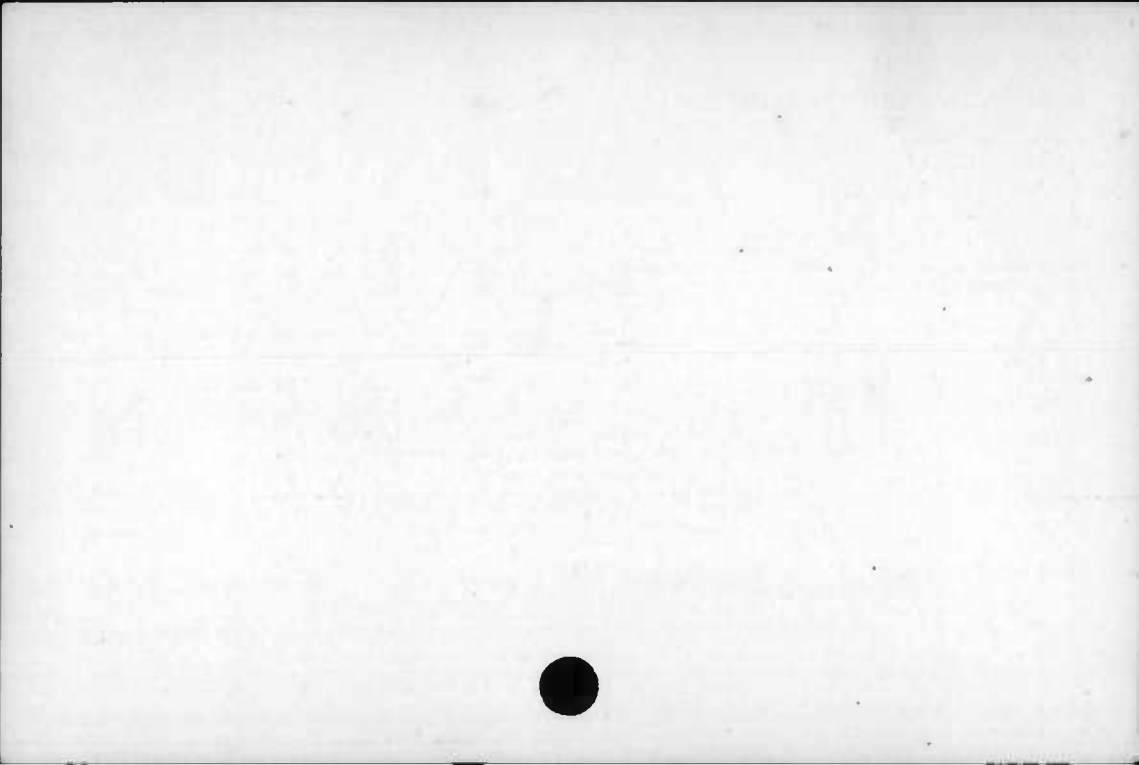
Primary Cerebral Hemorrhage How long not knownImmediate Paralysis of respiratory center How longAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

John A. Coe  
213.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James Alexander Washington*

Town *Chettenham* County *Prince Georges* MARYLAND

Died at *Chettenham*

Date of death *1908* Month *October* Day *20* Age *1* Years *21* Months *1* Days *21*

Sex *male* Color or Race *Colored* Birth-place *Pr Geo Md*

Occupation *None* Where Residing if not at place of death *None*

~~Married~~, Single *None* Name of Wife or Husband *None*

Father's Name *James Washington* Father's Birthplace *Md*

Mother's Maiden Name *Clara Arrington* Mother's Birthplace *"*

Name of person giving information *James Washington* How related to deceased *father*

## CAUSES OF DEATH

87

Primary *born with a cold,* How long *about 8 days*

Immediate *Exhaustion* How long *about 8 days*

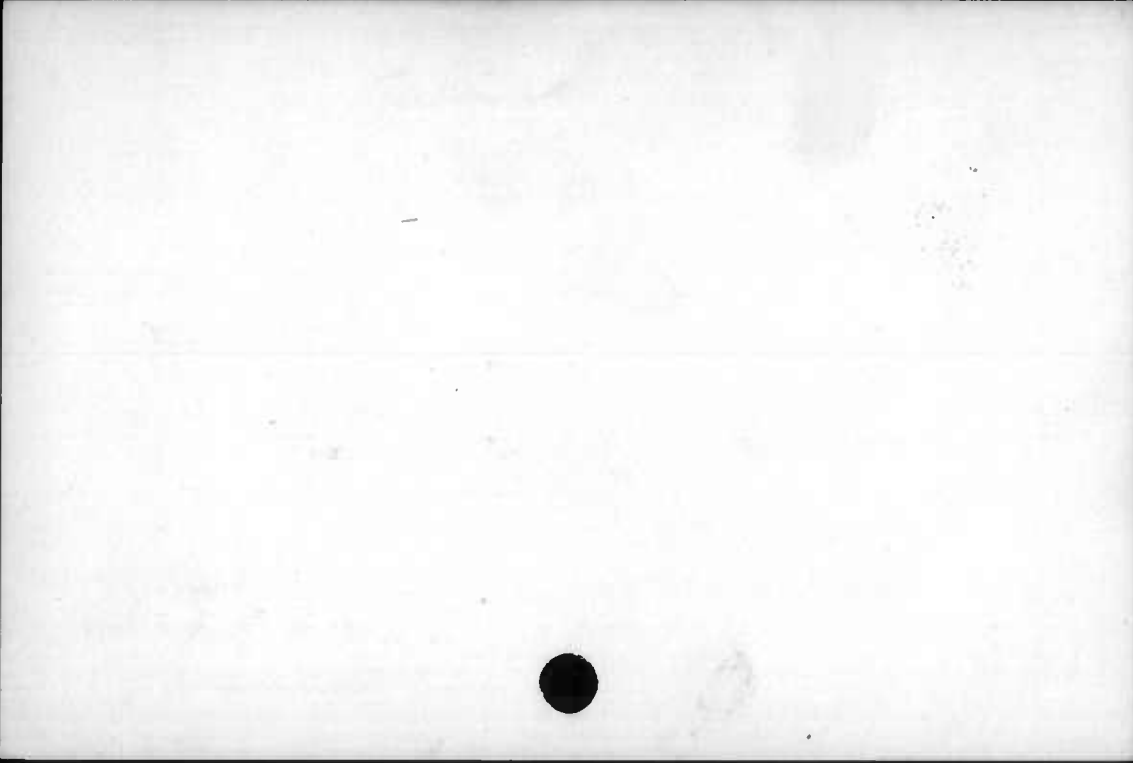
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of *Acting Coroner*  
Physician *William H. Squires, Jr.*

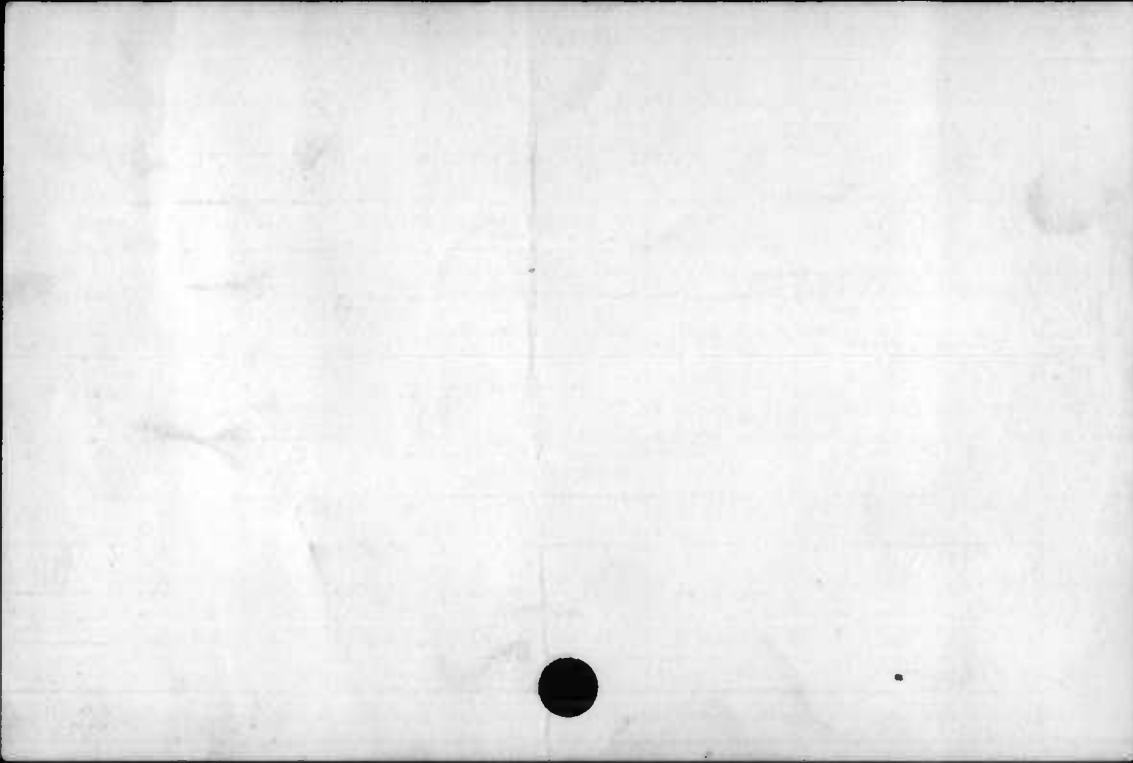
Address *Brandywine, Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Addison Wells				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Blodensburg</u> Town		County <u>Pr Geo</u>		MARYLAND	
		Date of death <u>1908 Oct 8</u>		Age <u>12</u> Years		Months <u>4</u>	Days <u>—</u>
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Chas Co Md</u>	
		Occupation <u>School</u>		Where Residing if not at place of death <u>✓</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>✓</u>			
PHYSICIAN OR CORONER		Father's Name <u>Wm Wells</u>		Father's Birthplace <u>Chas Co</u>			
		Mother's Maiden Name <u>Mary Dade</u>		Mother's Birthplace <u>Chas Co</u>			
		Name of person giving information <u>Wm Wells</u>		How related to deceased <u>Father</u>			
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">116</div>			
Primary <u>Peritonitis</u>		How long <u>5 days</u>					
Immediate <u>Exhaustion</u>		How long <u>3 days</u>					
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Luigi W. Bateman M.D.</u>		Address <u>Hyattsville Md</u>			
Accident or Suicide? <u>Neither</u>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

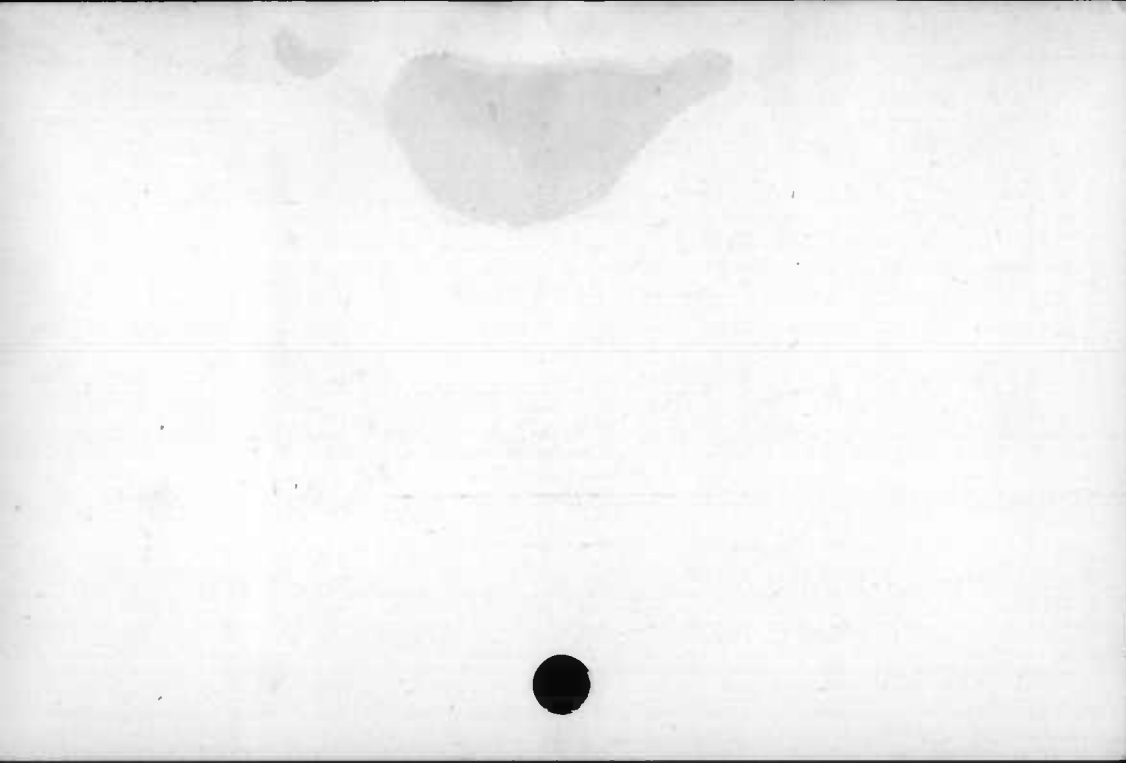
Died at <u>John A. Gillett</u>		Town <u>Farmington</u>		County <u>Or. Ges.</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Oct</u>	Day <u>3</u>	Age <u>65</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Or. Ges. Co.</u>				
Occupation <u>Fisherman</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Gillett</u>						
Father's Name <u>William Gillett</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u>Not known</u>						
Name of person giving information <u>Benjamin Gillett</u>	How related to deceased <u>Son</u>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Heart Disease</u>	How long <u>1 year</u>
Immediate <u>Heart Disease</u>	How long <u>died suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. D. Hurt. M.D.</u>
	Address <u>Lincolnton, Md.</u>
Accident or Suicide?	



Name  
in  
Full

Isidor Wurtemberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laurel</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	Age <u>43</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Washington, D.C.</u>
Occupation	<u>Clerk</u>		Where Residing if not at place of death. <u>Laurel,</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Not known</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Not known</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Mother Mrs S. Baker</u>			How related to deceased	<u>Mother</u>

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>General Paralysis</u>	How long	<u>6 mos</u>
Immediate	<u>apoplexy</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Cornelius DeWeese</u>
		Address	<u>Laurel,</u>
Accident or Suicide?	<u>None</u>		<u>MD</u>

